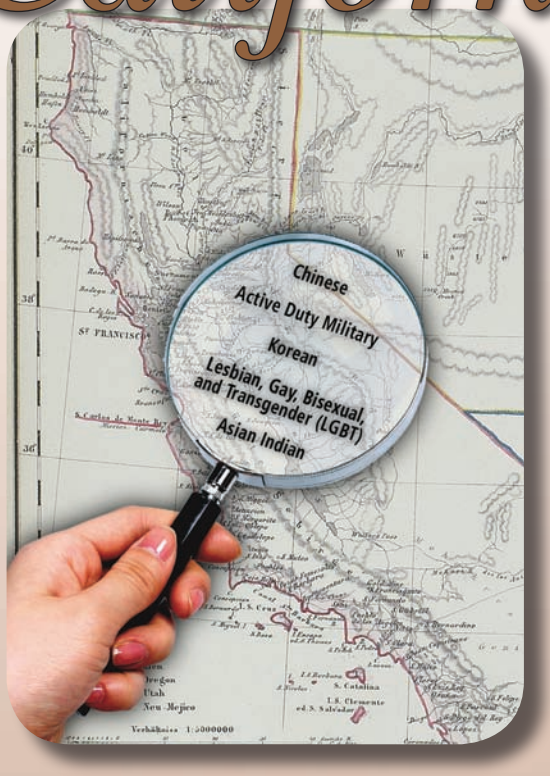
California



Chinese American

Tobacco Use Survey— 2004

California Department of Health Services
Tobacco Control Section

Prepared by
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State of California

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California Health and Human Services Agency

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Department
of Health Services

CALIFORNIA CHINESE AMERICAN TOBACCO USE SURVEY 2004

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Executive Summary

The purpose of this study is to identify tobacco-related behaviors, knowledge, and attitudes among adults of Chinese descent residing in California; the primary focus of the study is on cigarette smoking behavior, although some questions were asked regarding other forms of tobacco use. The present study attempts to expand upon existing epidemiological knowledge of tobacco-related attitudes and behaviors of Chinese Americans residing in California, as well as the degree to which the media can influence these attitudes and behaviors. This Executive Summary provides an overview of the study results by presenting the key findings.

Key Findings

Smoking Behavior

Respondents' smoking behavior is of primary importance to the present study. First, the present study addressed smoking rates for Chinese Californians along with the volume and frequency of smoking behavior.

- Overall, smoking rates are low among survey respondents. A total of 7.7% of Chinese Californians currently smoke cigarettes. The study found that 80.8% of Chinese Californians surveyed reported that they never smoked, leaving 11.5% reporting that they had smoked over 100 cigarettes in their lifetime but do not currently smoke cigarettes.

- Those who currently smoke cigarettes do so regularly; 61% of current smokers smoke every day.

- Current smokers varied substantially in the average number of cigarettes they smoked per day. A quarter of all current smokers fell into the highest category, reporting that they smoked an average of 16 or more cigarettes per day, while the bottom quarter smoked only 1-5 cigarettes per day. The middle category, 49% of current smokers reported an average of 6-15 cigarettes per day.

- Smoking prevalence differed by gender. Fourteen percent of male Chinese Californians currently smoke cigarettes while only 2% of female Chinese Californians currently smoke. The percent of males who are former smokers is also higher than females. Approximately 20.5% of males are former smokers as opposed to 3.5% of Chinese Californian females.

- There were no significant differences found in the overall smoking prevalence by generation. However, while first generation males were more likely to have been current smokers (15.4%) than second or higher generation males (8.5%), first generation females were less likely to have been current smokers (1.3%) than second or higher generation (5.5%) females.

- Traditional respondents (those not speaking English at least "pretty well") were more likely to be current or former smokers (22.6%) than bilingual respondents (15.3%) or assimilated respondents (those who speak only English) (14.9%).

- Those respondents who preferred to speak English were more likely to have never smoked (84.8%) than those who preferred to speak Mandarin (80.3%) or Cantonese (78%). Cantonese speakers were more likely to be current smokers (10.1%) than either Mandarin (7.1%) or English speaking respondents (6.2%).

- Clear gender differences can be seen in both acculturation and language preference. Assimilated men are more likely to have never smoked than traditional men (82.3% versus 50.9%); whereas traditional women are more likely than assimi-

lated women to have never smoked (96% versus 88.6%). A larger percent of men who prefer English are never smokers than those who prefer a Chinese dialect; while for women there are more never smokers among the preferred Chinese languages than those who prefer English.

- Along these same lines, respondents who had spent a larger percentage of their lives in the United States (U.S.) were more likely to have never been a smoker than respondents who had spent a smaller percentage of their lives in the U.S.

Using Multinomial logistic regression to determine which demographic characteristics predict smoking independent of the effect of the other variables in the analysis found that:

- Belonging to a household where another member is a current smoker increases the odds of being a current smoker over a former smoker or someone who has never smoked.

- Women are more likely to have never smoked, rather then being current or former smokers, even after controlling for age, education, household income, marital status, generation, and acculturation.

- Additionally, age increases the odds of becoming a current smoker rather than never having smoked, after other demographic factors being taken into consideration.

- Also, married respondents were more likely to be former smokers over current ones and divorced or separated respondents were more likely to be current smokers rather than having never been smokers.

- Respondents who had not finished high school were more likely to be current smokers rather than having never been smokers, even after controlling for age (along with the other demographic factors). Likewise, those with only high school education were more likely than college graduates to be current smokers (rather then former smokers or never smokers).

- Finally, being assimilated rather than traditional Chinese increased the odds of having never smoked versus being a current smoker after all the other demographic factors were controlled.

Initial Smoking Behavior

Several questions were asked of Chinese Californians who were former or current smokers regarding their initial smoking experiences.

- Smoking behaviors are likely to start at a young age. Altogether, about three-quarters of current smokers (78%) and former smokers (75%) had their first cigarette before age 21.

- Looking at early smoking behaviors, 17.6% of current smokers and 17.5% of former smokers started smoking regularly before they were 18-years-old, but the most common age at which both current and former smokers became regular smokers was 18- to 20-years-old. Altogether, 37% of current smokers and 40% of former smokers report they started smoking regularly after age 21.

Other Tobacco Use

Chinese Californians were also asked their behaviors regarding other tobacco product use.

- Respondents were more likely to have smoked a cigar (12.6%) than to have smoked a tobacco pipe (5.2%) or to have used chewing tobacco (1.9%).

- Current and former cigarette smokers were much more likely to have smoked a tobacco pipe (17.8% and 20.7% respectively) than those respondents who had never been cigarette smokers (1.8%). A similar pattern was observed for cigar smoking. Former and current cigarette smokers were far more likely to have smoked a cigar (40.9% and 42.2% respectively) than respondents who had never been cigarette smokers (5.8%). The same pattern also holds for use of chewing

tobacco, the least commonly used tobacco product.

- Overall, the use of these other tobacco products is extremely light. Most respondents who have used these products in the past do not report using them currently.

- Current cigarette smokers were more likely to have smoked a cigar within the past month (11.1%) than former smokers (2.1%) or never smokers (5.2%).

- Second generation respondents who have never smoked report statistically significant higher rates of usage of all forms of other tobacco products over first generation respondents (for example 17.1% of second generation never smokers have smoked a cigar, while only 3.7% of first generation never smokers have done so).

Quitting Behaviors

Perhaps even more important than understanding current smoking behavior is understanding behaviors related to smoking cessation. The present study explored attitudes toward smoking cessation, techniques used to stop smoking, and types of assistance individuals have sought in order to stop smoking, with the following results:

- A significant number of smokers demonstrate an intention to quit smoking; 60% of current smokers stopped smoking at least one day in the past year in an attempt to quit, and 63% of current smokers say they want to quit. Still, a significant minority of smokers-37%-say they never intend to quit smoking.

- Although a significant number of smokers want to quit, they do not intend to quit in the immediate future. Just 16.4% of current smokers intended to quit within the next 30 days and an additional 21.3% wanted to quit in the next six months. Another 24.6% said that they might quit in the next six months.

- Although females are more likely to attempt to quit smoking, males are more likely to want to quit.

- Second or higher generation respondents are more likely than first generation respondents to want to quit smoking and to attempt quitting. Consistent with this finding, respondents labeled as "assimilated" into American culture were more likely than traditional or bilingual respondents to want to quit smoking and to attempt quitting.

- Most of those current smokers who tried to quit (86%) did not seek any type of assistance in quitting, but of those who did seek assistance, Western medical techniques (25%) or consulting with a doctor or nurse (15%) were the most common types of assistance used.

- Just fewer than half (41.3%) of current smokers saw a health professional in the past year. Of those that did 63.1% received advice to stop smoking.

- To understand better which current smokers are likely to want to quit or attempt to quit smoking, a demographic analysis was performed.

- Female smokers are more likely to have tried to quit than male smokers.

- Current smokers who were first generation Chinese (those not born in the U.S.) were less likely to have tried to quit smoking than second or higher generation Chinese.

- Generally speaking, younger current smokers were more likely to have tried to quit smoking than older current smokers.

- Current smokers who were assimilated were more likely to have tried to quit smoking than bilingual smokers or traditional smokers.

- Consistent with the findings for acculturation and proportion of life spent in the U.S., English-speaking respondents were also more likely to report having tried to quit smoking.

- Current smokers who had spent the smallest proportion of their life in the U.S. were the least likely to have tried to quit smoking.

- Smokers falling in the lowest and highest educational categories were the least likely to have tried to quit smoking.

Current Smokers' Purchasing Behaviors

Increases in the cost of cigarettes have been associated with a decrease in per capita cigarette consumption.[1] To understand better whether individuals are concerned about the price they pay for cigarettes and whether this concern in turn relates to an intention to quit smoking, a series of survey questions addressed these issues, with the following results:

- A total of 21.5% of current smokers usually paid $2 to $3 for a pack of cigarettes. Just over a third (35.5%) usually paid $3 to $4 per pack, while another 29.7% paid $4 to $5.

- Over half (58.7%) of all current smokers reported that they usually paid $25 to $30 for a carton of cigarettes; 21.1% paid $30 to $35 per carton.

- In terms of brands of cigarettes purchased, almost half of current smokers (47.8%) smoke Marlboro cigarettes. Another 26.7% usually smoke a Chinese brand of cigarettes.

- About 47.9% of smokers smoke regular cigarettes and 43.2% smoke light cigarettes.

- When asked whether or not they worried about the amount of money they spent on cigarettes, most current smokers (63%) reported that they did not worry; however, about a third, 33.2%, reported that the cost of cigarettes was a concern.

- Even though they may be concerned about the cost of cigarettes, only 10.5% of smokers take advantage of coupons.

Relationship Between Cost of Smoking and Cessation

To investigate whether spending more money for cigarettes increases smokers' desire to quit smoking, current smokers' quitting behaviors were examined as a function of the amount that they usually spent on a pack of cigarettes.

- There seems to be no clear relationship between the usual cost of current smokers' cigarettes and whether they had tried to quit smoking in the past year. However, current smokers who paid more for cigarettes do seem more likely to have wanted to quit smoking.

- Those current smokers who worried about the cost of cigarettes were more likely to want to quit smoking and to attempt to quit smoking.

- Also, smokers who pay more for cigarettes are more likely to want to quit smoking.

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[1] Department of Health Services, Tobacco Control Section. Cigarette Consumption Fact Sheet. Sacramento, CA: Author. Retrieved June 10, 2004, from http://www.dhs.ca.gov/tobacco/documents/Consumption.pdf.

[2] Department of Health Services, Tobacco Control Section. Indoor and Outdoor Secondhand Smoke Consumption Fact Sheet. Sacramento, CA: Author. Retrieved June 10, 2004, from http://www.dhs.ca.gov/tobacco/documents/SecondHandSmoke.pdf.

Household Smoking Behavior

In California, an increasing number of individuals have begun to restrict smoking in their homes. For example, from 1994 to 2001, the percentage of nonsmokers who prohibit smoking in their homes increased by 25%. Furthermore, over twice as many smokers prohibited smoking in their homes in 2001 as were found to do so in 1994.[2] This growing trend is important and protects nonsmokers, children, pregnant women, the elderly, and other vulnerable individuals from the detrimental effects of secondhand smoke (SHS)-a known carcinogen. Regarding smoking in the household, the survey identified the following key results:

- Current smokers were much more likely to live in a household with others who smoked than former smokers or never smokers. Almost one-third (32.5%) of current smokers lived in a household with at least one other smoker, while 14.4% of former smokers lived with others in the household who smoked.

- In 61.4% of respondents' households, smoking was completely prohibited. This is higher than the 49% of all California residents who reported living in smoke-free households in the 2002 California Tobacco Survey (CTS).

- Conversely, in 25% of Chinese households there were no restrictions on smoking. This is comparable to the 23.7% of all California households that reported no restrictions in the 2002 CTS.

- Although smoking was completely prohibited in a clear majority of respondents' households, 80.1% of respondents reported that no one ever smoked inside their home.

- In 71.7% of the households that did not prohibit smoking, smoking was never expected to be banned.

- Approximately 44.6% of current smokers indicated they definitely will ban or might ban smoking in the next six months compared with 25% of former smokers and 27% of never smokers.

- There did not appear to be any substantial differences in household smoking restrictions by respondents' smoking status.

Smoking Outside of the Household

The state of California has enacted laws to protect individuals from the effects of SHS in the workplace and in other public places. To investigate rates of exposure to SHS for this particular population, a series of questions investigated exposure to SHS in the workplace and other places outside the home for Chinese adults residing in California.

- A total of 90.8% of workers work in a building that is completely smoke-free indoors. This is slightly below the 95.4% of all California workers who reported working in smoke-free workplaces in the 2002 CTS.

- In the less than 10% of workplaces that did allow smoking, just about a quarter (24%) reported that smoking was allowed in any indoor work areas in their building. Additionally, 38.8% reported that smoking was allowed in a special smoking room or lounge; 30.6% reported that smoking was allowed in the break room or cafeteria; and 34.8% reported that smoking was allowed in the hallway or lobby of the building.

- About 54% of Chinese Californians indicated smoking was permitted outside the building in which they worked.

- Even though most workplaces restrict smoking 15.3% of respondents had been exposed to smoke in their work area in the past two weeks. This is slightly above the 12% of all California workers reporting SHS exposure at their workplace in the 2002 CTS.

- Most respondents (82%) reported that they are not often exposed to other people's tobacco smoke in places other than work or home.

- The most common place in which respondents were last exposed to other people's tobacco smoke was a restaurant (23.5%), followed by a public park or outdoors (14.2%), a bar or tavern (9.6%), a school or campus (9%), and a shopping mall (8.4%). Interestingly, in the 2002 CTS, California residents reported more exposure to SHS in public parks and outdoors (roughly 40%) than in restaurants (roughly 13%).

Anti-Smoking Messages in the Media

Understanding respondents' media preferences is an important aspect in designing media campaigns to deliver anti-smoking messages. To this end, a series of survey questions investigated respondents' media use behaviors. Specifically, questions asked respondents about the amount of time per week they spent watching television (TV), listening to the radio, and reading the newspaper. Further, the survey asked respondents to specify whether they viewed, read, or listened to American or Chinese media-and whether they remembered seeing or hearing anti-smoking messages in these types of media.

- More than one quarter of respondents (27.9%) indicated that they did not watch any Chinese TV at all. Conversely, when asked about the amount of time per week they watched American TV, 17.4% of respondents reported that they watched no American TV.

- Chinese radio was not a commonly used media source. Over half of all respondents (57.1%) reported that they did not listen to Chinese radio at all. Respondents were somewhat more likely to listen to American radio; although 39.2% of respondents reported that they did not listen to American radio at all.

- Approximately 89% of respondents did not read American newspapers at all, while 41.6% of respondents did not read Chinese newspapers at all.

- More respondents reported that they had been exposed to anti-smoking messages on Chinese TV (54.9%) and American TV (41.1%) than through any other type of media.

- Although about 20% of respondents did not remember seeing any anti-smoking messages in the media, over half of all respondents (57%) had seen or heard anti-smoking messages in two or more different types of media. Thus, exposure, when it occurs, is likely to occur via multiple channels.

- Assimilated respondents were less likely than bilingual or traditional respondents to have been exposed to anti-smoking messages in multiple channels; 22.7% of assimilated respondents had seen or heard an anti-smoking message in three or more different types of media, compared to 38.1% of bilingual respondents and 35.9% of traditional respondents.

- Out of a total of seven potential sources in which one could see or hear anti-smoking messages, current smokers were more likely to report that they had been exposed to anti-smoking messages through multiple channels (mean=2.48) than former smokers (mean=2.00) or never smokers (mean=1.93).

- Exposure to anti-smoking messages was also correlated with a desire to quit smoking. A difference of means test (t-test) finds that smokers who had attempted to stop smoking for at least one day in the past year reported being exposed to anti-smoking messages in more types of media (mean=2.84) than smokers who had not attempted to quit (mean=2.04).

- Out of a potential of three different types of Chinese or American media, never smokers reported being exposed to anti-smoking messages in fewer types of Chinese media (mean=1.10) than former smokers (mean=1.37) or current smokers (mean=1.45). In contrast to the results for Chinese media results there were no significant differences in exposure to anti-smoking messages by smoking status for American media.

- Traditional respondents were most likely to be exposed to Chinese media (mean=1.56), followed by bilingual respondents (mean=0.99). Assimilated respondents were least likely to report being exposed to anti-smoking messages in

Chinese media (mean=0.15).

- For American media, assimilated (mean=1.07) and bilingual (mean=0.85) respondents were most likely to remember seeing anti-smoking messages in American media than traditional respondents.

- Considering current smokers' attempts to quit, smokers who had attempted to quit smoking for at least one day in the past year reported being exposed to anti-smoking messages in more types of Chinese media (mean=1.67) than smokers who had not attempted to quit (mean=1.19), $p<0.030$. However, no such group difference is found in exposure to anti-smoking messages in American media.

Tobacco-Related Attitudes and Knowledge

Respondents were asked about their attitudes toward smoking. Several questions addressed current smokers' attitudes about their own smoking behaviors. Additional questions investigated respondents' opinions about the potential dangers of tobacco smoke as well as their beliefs and opinions about the tobacco industry (TI) and advertising of tobacco products.

Key results for attitude questions asked only of current smokers:

- Smokers are aware of the health risks of smoking; 88.9% of current smokers agreed that smoking is harming their own health.

- More males than females strongly agreed that smoking is harming their health (78.1% vs. 68.8%); however, overall, 89% of males and 87.6% of females either strongly or slightly agreed that smoking is harmful to their own health.

- Second or higher generation smokers were somewhat more likely to strongly agree that smoking was harmful to their own health (83.3%) than first generation smokers (77.4%).

- Over three quarters of smokers, 77.7%, believe they are addicted to cigarettes.

- Males were more likely to believe they were addicted to cigarettes than females. While 66.9% of males strongly agreed that they were addicted to cigarettes, only 25% of females strongly agreed.

- Overall, 81.2% of first generation smokers and 68.5% of second or higher generation smokers either strongly or slightly agreed that they were addicted to smoking cigarettes.

- Almost all current smokers, 96.7%, indicated their families would prefer that they quit smoking, but slightly fewer smokers, 69.5%, indicated their friends would prefer they quit.

Key results for attitude questions asked of all respondents:

- Just over three quarters (76.6%) of all respondents strongly agreed that SHS causes lung cancer in nonsmokers while 3.3% slightly disagreed and 3% strongly disagreed with the statement. The overall agreement for respondents is 93.7%, which is even higher than the agreement reported for all California residents (83.6%) in the 2002 CTS.

- Almost all respondents strongly agreed (91.2%) or slightly agreed (6.6%) that SHS was harmful to babies and children, with only 1.3% slightly disagreeing and 0.8% strongly disagreeing.

- Again, almost all respondents strongly agreed (94.2%) or slightly agreed (4.4%) that if a woman smokes when pregnant, it will harm the health of her baby. Only 0.9% slightly disagreed, while 0.5% strongly disagreed with the statement.

- Most respondents (92.6%) prefer to eat in smoke-free restaurants.

- Respondents were divided in their opinions about the TI. For example, 54.1% overall agreed that tobacco advertising encourages young people to start smoking with a total of 32.6% strongly disagreed with that statement.

- A total of 57.7% believed the production and sale of cigarettes should not be a legitimate business. However, respondents tend to be wary of the tobacco companies as well-69.6% believed they could lower the nicotine content of their products and 73% believe tobacco companies' spokespeople mislead the public when they say tobacco is not addictive.

- Despite a strong perception that tobacco is addictive, a substantial segment of Chinese Californians do not realize just how addictive tobacco can be; just 38% believe tobacco is not as addictive as other drugs like heroin or cocaine, although the U.S. Surgeon General argues this is not the case.

- Further, many respondents did not recognize the risks of smoking even a few cigarettes a day. Just over a quarter of respondents (26%) erroneously believed one's risk of cancer while smoking only five cigarettes a day is the same as the risk of someone who never smokes. In fact, even a few cigarettes each day increases one's risk of cancer and other illnesses.

- Most respondents did not agree that smoking was a symbol of independence; 69.4% strongly disagreed and 12.5% slightly disagreed that smoking cigarettes was a symbol of independence, while only 9.2% slightly agreed and 8.8% strongly agreed with the statement.

- A little more than two-thirds of respondents (66.9%) strongly agreed that TI advertising at cultural and sporting events should be banned while 17.5% disagreed with that statement.

Attitudes towards tobacco and tobacco use differed by several demographic characteristics. In terms of gender:

- Males are more likely than females to believe that tobacco is not as addictive as other drugs.

- Females were significantly more likely than males to strongly disagree that smoking cigarettes is a symbol of independence.

- Females are more likely than males to agree that the production and sale of cigarettes should not be a legitimate business.

- Males are somewhat more likely than females to strongly agree that TI spokespersons mislead the public when they say tobacco is not addictive.

- Females are more likely than males to have strongly agreed that if a person smokes only five cigarettes per day, their chance of getting cancer is about the same as someone who never smokes.

In terms of generation:

- Most respondents overall tend to prefer eating in smoke-free restaurants. Second or higher generation respondents were somewhat more likely to indicate such a preference.

- Second or higher generation respondents were much more likely than first generation respondents to either strongly agree or slightly agree that tobacco advertising encourages young people to start smoking.

- Second or higher generation respondents were also much more likely than first generation respondents to have either strongly agreed or slightly agreed that tobacco companies could reduce the amount of nicotine in their products.

- Second generation respondents were more likely than first generation respondents to strongly believe that tobacco is as addictive as other drugs.

- First generation respondents tend to have more extreme or polarized opinions regarding cigarettes as a symbol of independence. First generation respondents are more likely than second or higher generation respondents to have strongly disagreed that smoking is a symbol of independence. However, first generation respondents were also slightly more likely to have strongly agreed that smoking is a symbol of independence.

- First generation respondents are significantly more likely than second or higher generation respondents to have strongly agreed that tobacco advertising should be banned from cultural and sporting events.

- First generation respondents were less likely to see the production and sale of tobacco as a legitimate business.

- Second or higher generation respondents are more likely to agree that TI spokespersons mislead the public when they say tobacco is not addictive.

- First generation respondents are somewhat less likely to see the risks in smoking just a few cigarettes a day.

Opinions Regarding Smoking

- Over half of all respondents (57.9%) found other people's smoking to be either extremely annoying or very annoying. Another 29.2% found others' smoking to be moderately annoying or a little annoying, while 12.8% reported that they were not annoyed at all by other people's smoking.

- Females were significantly more likely than males to find other people's smoking annoying.

- A little over one-third (33.8%) of all respondents had asked someone not to smoke in the past 12 months.

- Not only were women more likely to ask someone to stop smoking, but, compared to men, women also tend to ask different individuals to stop smoking. Females (13.1%) were much more likely than males (2%) to ask their spouse to not smoke.

Relationship of Tobacco-Related Attitudes, Knowledge, and Smoking Behavior

This section examines attitudes toward smoking as they relate to respondents' reported smoking behaviors. Conventionally, attitudes are studied because they are presumed to be predictive of behavior. However, research has demonstrated that even highly accurate attitude measures do not always predict specific behaviors-other factors such as social or cultural norms or perceived control over a particular behavior (such as one's ability to quit smoking) may impact a particular behavior independently of one's attitude toward that behavior.[3] Thus, it is important to examine both attitudes and their corresponding behaviors to understand more about the relationship between them.

- Although the vast majority of Chinese Californians surveyed strongly agreed that smoking was harmful to others, those who currently smoke are less likely to believe that smoking is harmful to others than either never smokers or former smokers.

- Respondents who never smoked or are former smokers are much more likely than current smokers to prefer to eat in restaurants that are smoke-free. However, even 66.9% of current smokers strongly agree that they prefer smoke-free restaurants.

[3] Ajzen, I. (1985). From intentions to actions: A theory of planned behavior. In J. Kuhl and J. Beckman (Eds.), Action-control: From cognition to behavior (pp. 11-39). Heidelberg: Springer.

- Current smokers were less likely to strongly agree that tobacco advertising encourages young people to smoke than former smokers or never smokers.

- Chinese Californians who have never smoked are much more likely than former or current smokers to strongly agree that tobacco companies can lower the nicotine content of tobacco products.

- When asked whether or not they thought that tobacco is not as addictive as other drugs such as heroin or cocaine, Chinese Californians that have never smoked are the most likely to strongly agree.

- Current smokers are more likely to agree that smoking cigarettes is a symbol of independence than other Chinese Californians but the majority of all respondents tend to disagree with the statement.

- A large minority of all Chinese Californians think that the production and sale of cigarettes should not be a legitimate business, but current smokers are a little less likely to agree with this statement.

- The majority of all Chinese Californians think that the TI spokespeople mislead the public regarding the addictiveness of tobacco. There is not significant difference between groups.

- Current smokers are much more likely to think that a person smoking only five cigarettes per day has the same chance of getting cancer as a person who never smokes than other Chinese Californians.

Relationship of Tobacco-Related Attitudes, Knowledge, and Chinese Media Consumption

A final series of analyses were performed to investigate the relationship between exposure to anti-smoking messages in the Chinese media, and whether increased exposure to such messages is related to a difference in tobacco-related attitudes.

- Respondents who disagree that tobacco advertising encourages smoking in young people report seeing anti-smoking messages in more forms of Chinese media.

- There was also a statistically significant difference in media exposure regarding attitudes about tobacco companies' ability to lower nicotine levels. Respondents who remember seeing anti-smoking messages in more forms of Chinese media were less likely to agree that tobacco companies can lower nicotine levels in their products.

- Respondents who agreed that smoking only five cigarettes per day still poses a risk for cancer report having seen anti-smoking messages in more forms of Chinese media than respondents who disagree with that statement.

- There were no significant differences found in the other tobacco-related attitudes by Chinese media consumption.

Recommendations

- Disseminate the findings from this Survey through the Department of Health Services (DHS) to the tobacco control community, the scientific community, and especially Chinese Californians.

- Based on these Survey findings, develop intervention strategies to both prevent smoking and encourage smoking cessation based on the differential gender and generational profiles of Chinese Californian smokers.

- Examine the role of the Tobacco Control Section-supported "Quitline" in encouraging smoking cessation.

- Select sentinel questions from this Survey that should be utilized in regularly scheduled statewide surveys of tobacco use, e.g., Behavioral Risk Factor Surveillance Survey; California Health Interview Survey; CTS that could be used to monitor trends in the smoking profiles of Chinese Californians.

Chapter 1 OVERVIEW

The purpose of this study is to identify tobacco-related behaviors, knowledge, and attitudes among adults of Chinese descent residing in California; the primary focus of the study is on cigarette smoking behavior, although some questions were asked regarding other forms of tobacco use. The present study attempts to expand upon existing epidemiological knowledge of tobacco-related attitudes and behaviors of Chinese Americans residing in California, as well as the degree to which the media can influence these attitudes and behaviors.

The target population for this study is adults 18 years or older residing in California who characterize themselves as being of Chinese descent. Any adult of Chinese descent was eligible for participation regardless of citizenship. To simplify reporting we will use "Chinese Californians" when discussing this population.

1.A. Background and Significance of the Study

According to the latest Surgeon General's report on smoking and tobacco use, "smoking harms nearly every organ of the body, causing many diseases and reducing the health of smokers in general."[4] California has been a leader for social change regarding tobacco use. In 1988, voters in California passed The California Tobacco Tax and Health Promotion Act (Proposition [Prop] 99) with the goal of reducing tobacco consumption in California by 75% by 1999. A 25-cent per pack increase in state surtaxes on cigarettes generates revenue for tobacco education and health care programs. Spending about $1 billion over 15 years, the state supports a comprehensive anti-tobacco health education campaign involving local programs and a statewide media campaign.[5]

The Tobacco Education Media Campaign (TEMC) uses TV, radio, billboards, transit, and print media to educate Californians on the dangers of smoking, as well as to provide assistance to those who want to quit smoking. The campaign's goal is to reduce tobacco use in the state by "promoting a social norm of not accepting tobacco."[6] The TEMC recognizes that California consists of a multitude of ethnically diverse communities and tries to create advertising that is culturally relevant to the needs of these communities. For example, The National Asian Pacific American Families Against Substance Abuse, Inc. is working with the TEMC in a statewide tobacco education project targeting Asian and Pacific Islander (API) populations, funded by Prop 99. Furthermore, because the TI has directed a significant amount of marketing and advertising toward racial and ethnic minorities, the California Tobacco Control Program has targeted anti-tobacco programming at high-risk ethnic groups. One of these groups is Chinese Americans.

Chinese Americans comprise the largest single group of Asian Americans in California as well as in the U.S. According to the 2000 Census, approximately 980,000 Chinese Americans reside in California, constituting approximately 3% of California residents. In 1999, the smoking prevalence rate as reported in the CTS was 15.7% for Chinese-American males and 6.6% for Chinese-American females. However, a concern about this data is that the CTS was conducted in English, thereby excluding non-English fluent Chinese. Because the smoking prevalence rate in China is 63% among male Chinese,[7] true smoking

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[4] U.S. Department of Health and Human Services, (2004). The Health Consequences of Smoking: A Report of the Surgeon General. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Heath Promotion, Office on Smoking and Health.

[5] Department of Health Services, Tobacco Control Section. A Model for Change: The California Experience in Tobacco Control. Sacramento, CA: Author. Retrieved June 10, 2004, from http://www.dhs.ca.gov/tobacco/documents/modelforchange.pdf.

[6] Department of Health Services, Tobacco Control Section. California's Tobacco Education Media Campaign Fact Sheet. Sacramento, CA: Author. Retrieved June 10, 2004, from http://www.dhs.ca.gov/tobacco/documents/FSMediaCamp.pdf.

[7] Yang, G., Fan, L., Tan, J., Qi, G., Zhang, Y., Samet, J., Taylor, C., Becker, K., Xu, J. Smoking in China: Findings of the 1996 National Prevalence Survey. Journal of the American Medical Association, 282, 1247-1253.

prevalence rates among Chinese Americans may be higher than those reported in the CTS. Approximately 50% of Chinese Americans are first generation (i.e., foreign-born), thus, the smoking profiles for Chinese Americans may be similar to the smoking rates observed in China. An important goal of the present research, then, is to establish the smoking rate for Chinese Americans in California with a higher degree of precision than has been previously available.

The present research also seeks to determine current smoking rates for Chinese women. As previously mentioned, although the smoking rate for Chinese men in China is as high as 63%, the rate is only 3.8% among female Chinese in China. Whether this represents an actual difference in smoking or a difference among female smokers to report smoking is unclear. Past research has determined that there are statistically significant discrepancies between self-reported and biochemically verified smoking rates among Asian-American females. In two of three Asian-American ethnic groups studied, biochemically verified smoking rates were approximately three-fold higher than self-reported rates.[8] It might be that because it is culturally inappropriate for Asian-American women to smoke; these women wanted to hide their smoking habit. However, it is possible that some of the women classified as smokers following the biochemical (cotinine) analysis, but who were self-reported nonsmokers, were in fact nonsmokers but were exposed to a large amount of SHS in the home, resulting in elevated cotinine levels.[9] Therefore, the present research also attempts to determine the extent to which nonsmokers are exposed to tobacco in the home and elsewhere.

Still other differences among Chinese Americans put some individuals at greater risk for smoking than others. For example, Chinese Americans with high levels of tobacco-related knowledge were more likely to never have smoked than those individuals with lower levels of tobacco-related knowledge.[10] Further, for Chinese-American males, acculturation was also found to be a predictor of never smoking; this refers to the extent to which an individual has adopted or learned a second culture-in this case, American culture. Ultimately, Chinese Americans with high levels of tobacco-related knowledge were more likely to quit smoking.[11] Public information is an important tool in encouraging smoking cessation. To this end, the present study attempts to quantify respondents' exposure to anti-smoking messages in various forms of media and to investigate the relationship between exposure to anti-smoking messages and smoking behaviors.

Often, programs working to increase public knowledge about tobacco must compete with commercial messages targeted at particular racial or ethnic groups. This is particularly an issue for Chinese Americans in California. A 1993 study in San Diego, California found a higher density of tobacco billboards in Asian-American communities than in any other racial/ethnic community. Further, Asian-American stores in San Diego were found to have, on average, 6.4 tobacco displays per store-this was higher than the averages for Hispanic and African-American stores, according to DHS.[12] All things considered, Chinese Americans certainly represent a group at risk for tobacco use and, subsequently, tobacco-related diseases.

1.B. Overview of Methodology

The California Chinese American Tobacco Use Survey (CCATUS) was conducted using a computer-assisted telephone interviewing (CATI) program. The survey methodology was designed to ensure the validity, reliability, linguistic appropriateness, and cultural competence of the study. The goal of CCATUS is to collect the highest quality of epidemiological information in

[8] Wewers, M.E., Dhatt, R.K., Moeschberger, M., Guthrie, R.M., Kuun, P., Chen, M.S. (1995). Misclassification of smoking status among Southeast Asian adult immigrants. American Journal of Respiratory and Critical Care Medicine, 152: 1917-21

[9] Chen M.S., Jr., Ferketich A.F., Moeschberger M.L., Wewers, M.E. (2001) Preparing the ground war against tobacco among Chinese Americans in New York City: Baseline data. Asian American and Pacific Islander Journal of Health, 9(1): 88-94.

[10] Shelley, D., Fahs, M., Scheinmann, R., Swain, S., Qu, J., and Burton, D. (2004). Acculturation and Tobacco Use Among Chinese Americans. American Journal of Public Health, 94, 300-307.

[11] ibid.

[12] Burns D, Pierce JP. Tobacco use in California, 1990-1991, Sacramento, CA: Department of Health Services, 1992.

order to identify tobacco use behavior, knowledge, and attitudes among Chinese-American adults in California. A total of 2,117 respondents participated in the survey.

The sample for the study was obtained from a list of telephone numbers registered to individuals with Chinese surnames residing in California. In order to assure a representative sample, the original sampling procedure was a stratified sample based on generation, region, and gender. The sample should comprise individuals from all areas of the state if the estimate is to be unbiased. Therefore, a sampling scheme was developed based on 2000 Census data that determined the number of individuals fitting a specific criterion (based on gender and generational status) to be interviewed in each of the seven tobacco regions. Data was then weighted to represent the Chinese-American population characteristics in California. Once the final weights were applied, the data was treated and analyzed as if the responses were obtained from a simple random sample.

The following table provides the sampling parameters.

Table 1.A.1. Estimated Sample Sizes for Each Strata

Stratum	First Generation Males	First Generation Females	Second Generation Males	Second Generation Females
Los Angeles	118	118	215	156
San Diego, San Bernardino, Riverside	19	19	34	25
Orange	21	21	38	28
Santa Clara, Alameda, Contra Costa, Marin, San Francisco, San Mateo, Solano	187	187	341	246
Fresno, Imperial, Kern, Kings, Madera, Mariposa, Merced, Tulare, Sacramento, San Joaquin, Stanislaus, Yolo, Yuba, Sutter	20	20	37	27
Alpine, Amador, Butte, Calaveras, Colusa, Del Norte, El Dorado, Glen, Humboldt, Inyo, Lake, Lassen, Mendocino, Modoc, Mono, Napa, Nevada, Placer, Plumas, Shasta, Sierra, Siskiyou, Sonoma, Tehama, Trinity, Tuolumne	4	4	7	4
Monterey, San Benito, San Luis Obispo, Santa Barbara, Santa Cruz, Ventura	6	6	10	8
TOTAL	375	375	682	494

The survey questionnaire includes questions from the CTS as well as additional items to measure the acculturation of respondents. The CTS covers such topics as cigarette smoking behavior and other tobacco use, attitudes toward smoking, and media exposure to smoking and health-related information. Questions from the CTS were used due to the proven validity and reliability of the CTS' results since first being administered in 1990. This also allows for the comparison of this study's results with that of the general population of California.

A CATI system known as CASES was used to allow for maximum questionnaire flexibility and rapid data turnaround. Quality checks were pre-programmed in the CASES software in order to identify inconsistencies in the data, which could be corrected while the interview was in process. The calling procedure began by first randomly choosing respondents from all residents of the households who fit the screening criteria. Interviewers identified the language and dialect in which the respondent was most comfortable conversing. Interviews were conducted in English and Chinese, including the following dialects: Cantonese, Mandarin, Fukinese, Shanghainese, Taiwanese, and Toyshanese. For those respondents who could not be reached on the first attempt, multiple callbacks and call scheduling were employed to assure the highest possible response rate and a representative sample.

1.C. Report Presentation

The current report describes the results of the CCATUS. This section provides the reader with an explanation of the statistical tests used and some of the more common terms and definitions used throughout this report.

1.C.1. Statistical Analyses

At times, the tobacco-related attitudes and behaviors of different groups of respondents were analyzed in this report. For example, smoking behavior may differ by gender or for different age groups or by a respondent's level of acculturation. Statistical tests were used to determine whether the group differences found in the sample were likely to hold true for the entire population of interest-in this case, the population included all adults of Chinese descent residing in the state of California.

The results of statistical tests are accompanied by "p-values." Small p-values indicate statistically significant results, or results that are unlikely to be observed purely due to chance. Conventionally, p-values must be smaller than .05 ($p < .05$) to be considered statistically significant. This leaves only a 5% chance that a particular pattern of results was observed due to random variations in a sample. If differences between groups are not statistically significant, then the probability is high that the observed differences between groups are due to chance or random sampling.

Different types of data require different forms of statistical analysis. For this report, two primary types of statistical analysis were used: chi-square tests and difference of means tests. When variables are known to be skewed, i.e., not normally distributed, Mann-Whitney (for two group comparisons) and Kruskal-Wallis (for comparing three or more groups) tests are employed to confirm the results of the means tests. These non-parametric tests are used to determine if group differences exist without the assumption that the data is normally distributed.

1.C.2. Terms and Definitions - *Smoking Status*

Throughout this report, respondents are often identified by their smoking status- "never smoker," "former smoker," or "current smoker." In order to assign respondents to one of these three categories, they were first asked whether they had smoked at least 100 cigarettes in their lives. If they answered "no," they were identified as having never been a smoker. However, if these never smoker respondents reported that they had smoked within the past 30 days, they were reassigned to the current smoker category. This was to identify new smokers who might not have yet smoked 100 cigarettes. Respondents who had smoked at least 100 cigarettes in their lives were then asked whether they currently smoke "every day, some days, or not at all." If they answered "every day" or "some days" they were identified as current smokers. If they answered "not at all" they were identified as former smokers. The "ever smoker" category simply combines current and former smokers.

Generational Status

When determining respondents' generational status, respondents who were born in the U.S. were identified as second or higher generation Chinese, while those who were not born in the U.S. were identified as first generation Chinese.

Acculturation

The term "acculturation," broadly defined, means the extent to which an individual has adopted the language and customs of a new culture. There are many ways this particular concept can be defined; the present study uses language proficiency to identify individuals as traditional (not acculturated), bilingual (somewhat acculturated), or assimilated (acculturated). As a preliminary indicator of acculturation for the present research, Strategic Research Group (SRG) attempted to identify Chinese speakers as either traditional or bilingual. Therefore, in order to construct our measure of acculturation, SRG asked respondents who were answering the questionnaire in their native language (and assumed to be proficient in that language), "In your opinion, how well do you speak English?" Chinese speakers were identified as either traditional (not acculturated) or bilingual (somewhat acculturated) based on their responses. If the respondent answered "very well" or "pretty well" he or she was identified as bilingual. If the respondent did not speak English at least pretty well, he or she was identified as traditional. Likewise, English speakers (those taking the survey in English and assumed to be proficient in that language) were identified as either assimilated (acculturated) or bilingual (somewhat acculturated). The bilingual respondents from this group were found through their response to the question "In your opinion, how well do you speak Chinese?" If the respondent answered "very well" or "pretty well" he or she was identified as bilingual. Those who did not speak Chinese at least pretty well were identified as assimilated.

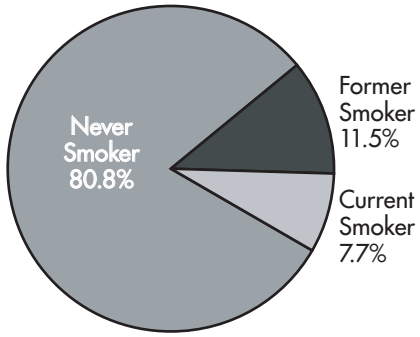
Chapter 2 Smoking Behavior and Other Tobacco Use

Respondents' smoking behavior is of primary importance to the present study. This section provides an overview of smoking rates for Chinese Californians along with data describing the volume and frequency of smoking behavior, and demographic characteristics of current, former, and never smokers.

2.A Smoking Behavior

As shown in Figure 2.A.1, 7.7% of respondents were current smokers. This is lower than the 15.4% of all smoking adults in California and the 12% of all APIs in California who currently smoke, according to the 2002 CTS. Another 11.5% of respondents were former smokers, while 80.8% were never smokers.

Figure 2.A.1. Respondent's Smoking Status



To understand better the extent to which respondents smoke, current and former smokers were asked about the number of the past 30 days in which they had smoked. Presented in Table II.A.1, well over half of current smokers (61%) reported that they had smoked every day, while only 0.3% of former smokers did so. Eighteen percent of current smokers reported that they had smoked in fewer than 10 of the past 30 days. Conversely, most former smokers (95.5%) had not smoked at all in the past 30 days. Of those who had smoked, most of those had only smoked in 1-5 of those 30 days. Less than 1% of former smokers had smoked in 21-30 of the past 30 days.

Table 2.A.1. Number of the Past 30 Days in Which Current and Former Smokers Smoked

Number of Past 30 Days Respondent Smoked	Current Smokers	Former Smokers
0 Days	3.3%	95.4%
1–5 Days	13.1%	3.3%
6–9 Days	1.6%	0.4%
10–19 Days	7.5%	0.3%
20–29 Days	13.5%	0.3%
Every Day	61.0%	0.3%
Total	100.0%	100.0%

Current smokers varied substantially in the average number of cigarettes they smoked per day, as shown in Table 2.A.2. A quarter of all current smokers (25.2%) fell into the highest category, reporting that they smoked an average of 16 or more cigarettes per day, while the bottom quarter (25.7%) smoked only 1-5 cigarettes per day. The middle 49% of current smokers reported an average of 6-15 cigarettes per day. Note that one pack equals 20 cigarettes. In contrast, the vast majority of former smokers had not smoked any cigarettes in the past 30 days (95.5%). Of the former smokers who had smoked within the past 30 days, 61.4% (2.8% of all former smokers) smoked only a single cigarette in that time. Only 11% of former smokers who had smoked in the past 30 days (0.5% of all former smokers) had six or more cigarettes during that time.

Table 2.A.2. Average Number of Cigarettes per Day Smoked by Current and Former Smokers

Average Number of Cigarettes Smoked per Day	Current Smokers	Former Smokers
0	0.0%	95.5%
1	0.1%	2.8%
2–5	25.7%	1.2%
6–10	32.5%	0.3%
11–15	16.5%	0.0%
16 or More	25.2%	0.2%
Total	100.0%	100.0%

Table 2.A.3 presents the mean and median number of cigarettes smoked per day by current and former smokers. This table shows that, on average, current smokers smoked about half a pack of cigarettes per day. Not surprisingly, on average, former smokers do not smoke any cigarettes per day.

Table 2.A.3. Mean and Median Number of Cigarettes per Day Smoked by Current and Former Smokers

Number of Cigarettes Smoked per Day	Current Smokers	Former Smokers
Mean	11.49	0.13
Median	10.00	0.00

2.B. Smoking Behavior by Demographics

Smoking behavior is next examined as a function of a number of demographic characteristics.

2.B.1. Basic Demographic Analysis

First, as illustrated in Table II.B.1, clear, statistically significant gender differences exist within the sample ($p<0.001$). Women were much less likely to have ever smoked than men, with 94.4% of women (compared to 65.1% of men) identified as never smokers. Consistent with the gender differences observed in prevalence rates from the 1999 CTS among California's general population, men were much more likely to be current smokers than women; only 2% of women in the sample were current smokers, while 14.3% of men were current smokers. Overall, the smoking prevalence among the Chinese residents in California is lower for both males and females than in the general California population, which is 19.1% for males and 11.9% for females according to the 2002 CTS. This table also shows the breakdown of smoking status by respondents' generational status. Although the second or higher generation respondents (those born in the U.S.) appear to be somewhat more likely to have never smoked than first generation Chinese (those not born in the U.S.), these group differences are not statistically significant. This means that the differences between these groups are consistent with normal fluctuations in the sample.

Table 2.B.1. Smoking Status by Gender and by Generation

Smoking Status	Gender		Generation	
	Male	Female	First Generation	Second or Higher Generation
Never Smoker	65.1%	94.4%	80.1%	84.9%
Former Smoker	20.5%	3.5%	12.0%	8.2%
Current Smoker	14.3%	2.0%	7.9%	6.9%
Total	100.0%	100.0%	100.0%	100.0%

Next, the combined effects of gender and generational status on smoking behavior were examined (see Table 2.B.2). While first generation males were more likely to have been current smokers (15.4%) than second or higher generation males (8.5%), first generation females were less likely to have been current smokers (1.3%) than second or higher generation (5.5%) females. The differences observed for gender are perhaps due to a greater acceptance of smoking for males than females in Chinese culture; however, the relationship between generational status and smoking status differs for males and females. These group differences are statistically significant, ($p<0.001$).

Table 2.B.2. Smoking Status by Generation by Gender

Smoking Status	Males		Females	
	First Generation	Second or Higher Generation	First Generation	Second or Higher Generation
Never Smoker	62.0%	81.7%	95.6%	87.7%
Former Smoker	22.5%	9.8%	3.0%	6.7%
Current Smoker	15.4%	8.5%	1.3%	5.5%
Total	100.0%	100.0%	100.0%	100.0%

It may be that the differences observed in smoking rates for second or higher generation respondents reflect the effects of acculturation. To examine this further, Table 2.B.3 presents the relationship between respondents' smoking status and their level of acculturation and language preference. Traditional respondents (those not speaking English at least "pretty well") were more likely to be current or former smokers (22.6%) than bilingual respondents (15.3%) or assimilated respondents (those who speak only English) (14.9%). Statistically significant differences between these acculturation groups do exist ($p<0.001$); however, most of these differences seem to be between traditional respondents and the other two groups (bilingual and assimilated respondents) with little difference between bilingual and assimilated respondents. Respondents' language preference also seems to be related to smoking status; statistical analysis reveals significant differences in respondents' smoking status by language preference ($p<0.05$). Those respondents who preferred to speak English were more likely to have never smoked (84.8%) than those who preferred to speak Mandarin (80.3%) or Cantonese (78%). Cantonese speakers were more likely to be current smokers (10.1%) than either Mandarin (7.1%) or English speaking respondents (6.2%).

Table 2.B.3. Smoking Status by Acculturation and Language Preference

Smoking Status	Acculturation			Language Preference		
	Assimilated	Bilingual	Traditional	Mandarin	Cantonese	English
Never Smoker	85.2%	84.7%	77.4%	80.3%	78.0%	84.8%
Former Smoker	7.9%	9.3%	13.6%	12.5%	11.9%	9.0%
Current Smoker	7.0%	6.0%	9.0%	7.1%	10.1%	6.2%
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Table 2.B.4 further breaks down the results by gender. Clear gender differences can be seen in both acculturation and language preference. Assimilated men were more likely to have never smoked than traditional men (82.3% versus 50.9%); whereas traditional women were more likely than assimilated women to have never smoked (96% versus 88.6%). Likewise, the percent of traditional men that were current smokers (19.8%) is over twice that of assimilated men who were current smokers (8.8%). Again, the opposite is true of Chinese women where only 1.3% of traditional women were current smokers and 4.7% of assimilated women were current smokers. The bottom portion of Table 2.B.4 tells the same story with language preference. A larger percent of men who prefer English were never smokers than those who prefer a Chinese dialect; while for women there were more never smokers among the preferred Chinese languages than those who prefer English. Thus, it appears that acculturation has differential effects on Chinese men and women. Acculturated men were less likely to smoke and acculturated women were more likely to smoke. All of these group differences are statistically significant at $p<0.01$.

Table 2.B.4. Smoking Status by Acculturation and Language Preference by Gender

Smoking Status	Males			Females		
	Assimilated	Bilingual	Traditional	Assimilated	Bilingual	Traditional
Never Smoker	82.3%	76.5%	50.9%	88.6%	93.9%	96.0%
Former Smoker	8.8%	14.2%	29.2%	6.7%	4.0%	2.6%
Current Smoker	8.8%	9.3%	19.8%	4.7%	2.0%	1.3%
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Smoking Status	**Males**			**Females**		
	Mandarin	**Cantonese**	**English**	**Mandarin**	**Cantonese**	**English**
Never Smoker	61.7%	54.4%	81.6%	95.7%	95.2%	88.8%
Former Smoker	24.1%	23.9%	11.2%	2.9%	3.2%	6.3%
Current Smoker	14.1%	21.7%	7.2%	1.4%	1.6%	4.9%
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Along these same lines, Table 2.B.5 shows respondents' smoking status as a function of the percentage of their lives spent in the U.S. Generally speaking, respondents who had spent a larger percentage of their lives in the U.S. were more likely to have never been a smoker than respondents who had spent a smaller percentage of their lives in the U.S. Group differences are statistically significant ($p<0.001$). This is consistent with the previous finding that assimilated and bilingual respondents were less likely to be current or former smokers.

Considering respondents' smoking status by age, Table 2.B.5 also shows a general, statistically significant trend of older respondents being more likely to be former smokers and younger respondents being less likely to have ever smoked ($p<0.001$). Additionally, two cohorts, one younger (18 to 24 years) and one older (45 to 64 years) were more likely to be current smokers than those ages 25 to 44 and those over the age of 64.

Table 2.B.5. Smoking Status by Percentage of Life to Date Spent in U.S. and by Respondents' Age

Smoking Status	Proportion of Life to Date Spent in U.S.					Age			
	Less than 10%	10–24%	25–49%	50–74%	75–100%	18–24	25–44	45–64	65 and Older
Never Smoker	71.5%	78.0%	83.0%	79.0%	85.2%	87.9%	84.8%	74.8%	73.8%
Former Smoker	16.8%	13.9%	11.7%	9.3%	7.8%	3.6%	8.6%	15.8%	19.6%
Current Smoker	11.7%	8.1%	5.3%	11.7%	7.0%	8.5%	6.6%	9.4%	6.7%
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

The next two tables present the same information broken down by gender. Table 2.B.6 shows the same general trend for men as seen in the table above. For men, the larger the percent of life in the U.S., the more likely they were to have never smoked and the less likely they were to be current smokers. Only 57.4% of men that have lived less than 10% of their lives in the U.S. have never smoked compared to 82% of men who have lived 75% to 100% of their lives in the U.S. No such trend is evident among Chinese women.

Table 2.B.6. Smoking Status by Percentage of Life to Date Spent in U.S. by Gender

Smoking Status	Males					Females				
	Less than 10%	10–24%	25–49%	50–74%	75–100%	Less than 10%	10–24%	25–49%	50–74%	75–100%
Never Smoker	57.4%	54.7%	66.3%	64.7%	82.0%	86.8%	94.6%	97.1%	95.9%	88.6%
Former Smoker	26.5%	26.8%	22.4%	13.8%	9.5%	5.9%	4.6%	2.6%	3.1%	5.9%
Current Smoker	16.2%	18.4%	11.2%	21.6%	8.5%	7.4%	0.8%	0.3%	1.0%	5.4%
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

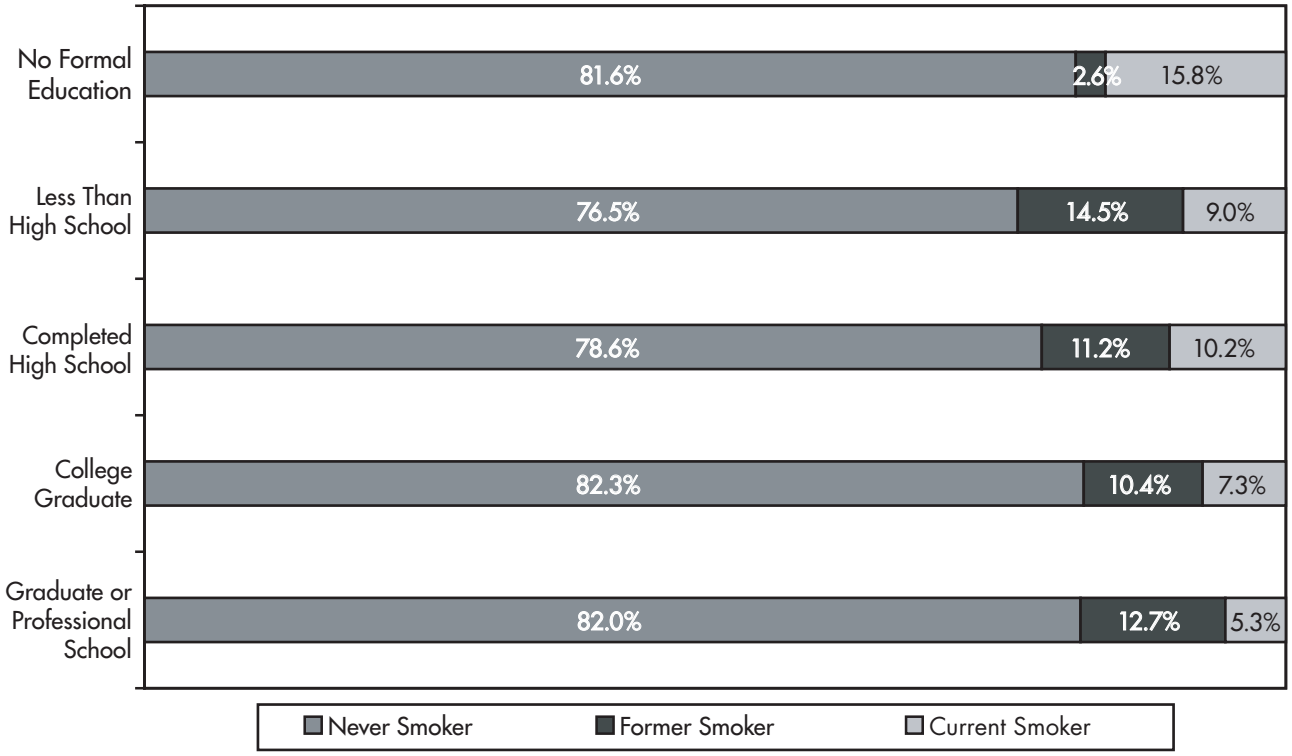
Table 2.B.7 shows the same basic trends for both men and women as the combined analysis found previously. Older respondents were more likely to be former smokers among both men and women. However, one notable difference is seen in the trend among never smokers. The younger cohorts of men have a higher percentage of never smokers than the older cohort; whereas, among women, there is no significant trend.

Table 2.B.7. Smoking Status by Respondents' Age by Gender

Smoking Status	Males				Females			
	18–24	25–44	45–64	65 and Older	18–24	25–44	45–64	65 and Older
Never Smoker	82.3%	72.0%	53.3%	61.8%	91.8%	95.4%	94.7%	88.6%
Former Smoker	4.8%	14.9%	28.1%	27.2%	2.5%	3.3%	4.2%	9.5%
Current Smoker	12.9%	13.1%	18.5%	11.0%	5.7%	1.3%	1.1%	1.9%
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

To determine if there was a relationship between smoking behavior and level of education, respondents were asked about the highest level of education they had completed. Respondents with higher levels of education were least likely to be current smokers and those with no formal education were most likely to be current smokers; these group differences, shown in Figure 2.B.1 below, are statistically significant at the $p<0.05$ level.

Figure 2.B.1. Smoking Status by Education



When analyzing the same information by gender (Table 2.B.8) two things become evident. First, the trend seen above for higher education to be associated with more never smokers and fewer current smokers is much more evident among just Chinese men than the entire sample. Also, the small number of current or former smokers among Chinese women makes it impossible to find statistically significant group differences in smoking status by education for the women in this sample.

Table 2.B.8. Smoking Status by Education by Gender

Smoking Status	Males				
	No Formal Education	Less Than High School	Completed High School	College Graduate	Graduate or Professional School
Never Smoker	46.2%	48.2%	61.5%	67.9%	71.5%
Former Smoker	7.7%	31.3%	19.4%	19.0%	20.1%
Current Smoker	46.2%	20.5%	19.0%	13.1%	8.4%
Total	100.0%	100.0%	100.0%	100.0%	100.0%
	Females				
	No Formal Education	Less Than High School	Completed High School	College Graduate	Graduate or Professional School
Never Smoker	100.0%	92.7%	94.1%	93.3%	97.0%
Former Smoker	0.0%	5.3%	3.7%	3.9%	2.4%
Current Smoker	0.0%	2.0%	2.2%	2.8%	0.6%
Total	100.0%	100.0%	100.0%	100.0%	100.0%

Table 2.B.9 presents differences in respondents' smoking status by marital status. Chi-square tests indicate a relationship between smoking status and marital status ($p<0.001$). Although the relationship is complex, widowed (3.3%) and coupled respondents (6.8%) were least likely to be current smokers, while divorced or separated respondents (16.4%) were most likely to be current smokers. Further analysis of marital status by gender did not find any significant differences in marital status and smoking status between men and women.

Table 2.B.9. Smoking Status by Marital Status

Smoking Status	Marital Status			
	Married or Unmarried Couple	Divorced or Separated	Widowed	Never Married
Never Smoker	79.6%	68.9%	85.2%	85.6%
Former Smoker	13.6%	14.8%	11.5%	5.2%
Current Smoker	6.8%	16.4%	3.3%	9.2%
Total	100.0%	100.0%	100.0%	100.0%

Respondents' smoking status was also broken down by household income, as shown in Figure 2.B.2. The general trend appears to be that there are the fewest current smokers in the highest income categories. Chi-square tests reveal that group differences are significant, $p<0.001$.

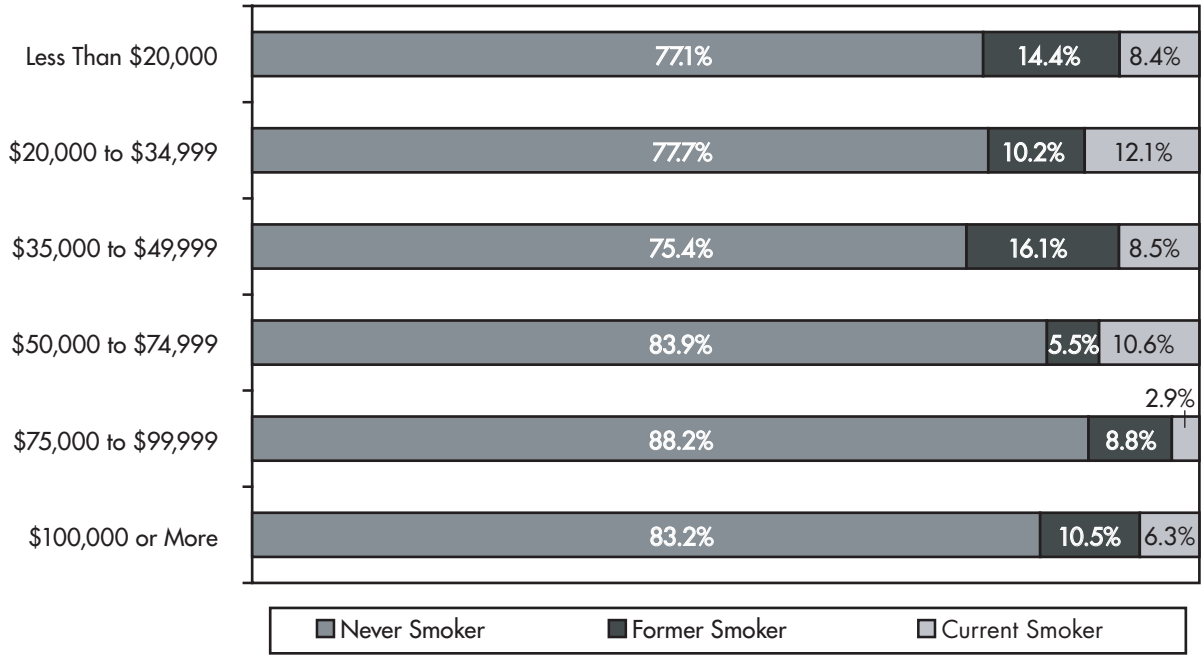


Figure 2.B.2. Smoking Status by Household Income

Table 2.B.10 shows the gender breakdown of the household icome analysis above. Among men, it is clear that higher percentages of never smokers are seen in the higher income categories and lower percentages of current smokers are seen in the higher income categories. However, this trend is not found among women. There are no statistically significant group differences in smoking status between income groups for the women in this sample.

Table 2.B.10. Smoking Status by Household Income by Gender

	Household Income - Males					
	Less Than $20,000	**$20,000–$34,999**	**$35,000–$49,999**	**$50,000–$74,999**	**$75,000–$100,000**	**More Than $100,000**
Never Smoker	61.9%	57.1%	57.0%	65.6%	80.0%	75.4%
Former Smoker	23.9%	19.3%	28.0%	10.4%	16.2%	16.6%
Current Smoker	14.2%	23.5%	15.0%	24.0%	3.8%	8.0%
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
	Household Income - Females					
	Less Than $20,000	**$20,000–$34,999**	**$35,000–$49,999**	**$50,000–$74,999**	**$75,000–$100,000**	**More Than $100,000**
NeverSmoker	91.6%	95.2%	93.0%	98.3%	96.0%	92.9%
Former Smoker	5.2%	2.8%	4.0%	1.7%	2.0%	2.9%
Current Smoker	3.1%	2.1%	3.0%	0.0%	2.0%	4.3%
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

2.B.2. Relationships between Smoking Status and Demographics

Several exploratory analyses that included all the demographic variables at once were conducted to attempt to explain smoking behavior among respondents. Multinomial logistic regression analysis was performed using respondents' smoking status as the dependent variable.[15] Logistic regression can determine the unique effect of a given demographic variable on smoking behavior even after accounting for the effects of the other variables in the analysis. The independent or causal variables used in this analysis included:

- If respondent belongs to a household where another member is a current smoker
- Gender
- Age
- Marital status
- Highest level of education completed
- Annual household income
- Percentage of life spent in the U.S.
- Acculturation (Traditional, Bilingual, Assimilated)

This analysis found that several factors are related to smoking status independent of other factors. First, belonging to a household where another member was a current smoker increases the odds of being a current smoker over a former smoker or someone who has never smoked. Second, women were more likely to have never smoked, rather then being current or former smokers, even after controlling for age, education, household income, marital status, generation, and acculturation. Additionally, age increases the odds of becoming a current smoker rather than never having smoked, even after accounting for the effects of all other demographic factors. Also, married respondents were more likely to be former smokers over current ones and divorced or separated respondents were more likely to be current smokers rather than having never been smokers. Respondents who had not finished high school were more likely to be current smokers rather than having never been smokers,

[15] Logistic regression is usually discussed as a method of predicting an outcome based on the effect of individual causal factors after the effects of the other causal factors in the model have been controlled for.

even after controlling for age (along with the other demographic factors). Likewise, those with only high school educations were more likely than college graduates to be current smokers (rather then former smokers or never smokers). Finally, being assimilated rather than traditional Chinese increased the odds of having never smoked versus being a current smoker after controlling for all the other demographic factors.

Tables 2.B.11 and 2.B.12 display the results of the regression analysis. The causal variables are listed in the first column of each table. The second column shows the regression coefficient for each variable. The odds ratio and the 95% confidence interval for each odds ratio are given in columns three and four. However, only when a variable has a statistically significant impact on smoking status can the odds ratios be meaningfully interpreted. The last column in each table gives the interpretation of the regression results for each significant causal variable. For each regression analysis, being a current smoker is the reference category. Table 2.B.11 shows the results associated with never smoker status over current smoker status and Table 2.B.12 gives the results associated with former smoker status as opposed to current smoker status.

Table 2.B.11. Regression Results Associated With Never Smoker Status Versus Current Smoker Status

	Coefficient β	Odds Ratio (e^{β})	95% C.I. for (e^{β})	Interpretation
Intercept	**2.107**			
Another member of the household currently smokes	-1.013***	0.363	0.222–0.595	The odds of having never smoked (rather than being a current smoker) are almost 3 times greater for respondents from households where no other members currently smoke
Female	2.618***	13.708	7.512–25.017	Women are 13 times more likely to have never smoked (rather than being a current smoker) than men
Age	-0.020*	0.980	0.962–0.999	A one year increase in age increases the odds of becoming a current smoker by 2%
Marital Status				
Married or unmarried couple	0.569	1.767	0.914–3.425	Not significant
Divorced or separated	-1.232*	0.292	0.101–0.845	Divorced or separated respondents are 3 times more likely to be current smokers (rather than having never smoked) than respondents who have never married
Widowed	0.546	1.727	0.302–9.901	Not significant
Never married				Reference Category
Highest Education Level Completed				
No formal education	0.552	1.737	0.203–14.859	Not significant
Less than high school	-0.838*	0.432	0.184–1.015	Respondents with less than a high school education are over twice as likely to be current smokers rather than to have never smoked, after controlling for age
High school graduate	-0.696*	0.499	0.248–1.004	Respondents with only a high school education are twice as likely to be current smokers rather than to have never smoked, after controlling for age
College graduate	-0.059	0.943	0.483–1.838	Not significant
Graduate or Professional School				Reference Category
Household Income				
Less than $20,000	0.174	1.190	0.522–2.715	Not significant
$20,000–$34,999	-0.444	0.641	0.295–1.393	Not significant
$35,000–$49,999	-0.280	0.756	0.331–1.728	Not significant
$50,000–$74,999	-0.541	0.582	0.273–1.244	Not significant
$75,000–$100,000	0.498	1.646	0.601–4.508	Not significant
More than $100,000				Reference Category
Percent of Life Spent in U.S.				
Less than 10%	-0.324	0.723	0.277–1.892	Not significant
10%–24%	0.042	1.043	0.521–2.085	Not significant
25%–50%	0.630	1.878	1.007–3.504	Not significant
75%–100%				Reference Category
Acculturation				
Assimilated	0.818*	2.265	1.012–5.071	Assimilated respondents are twice as likely to have never smoked (rather than being a current smoker) than traditional respondents
Bilingual	0.541	1.717	0.914–3.225	Not significant
Traditional				Reference Category

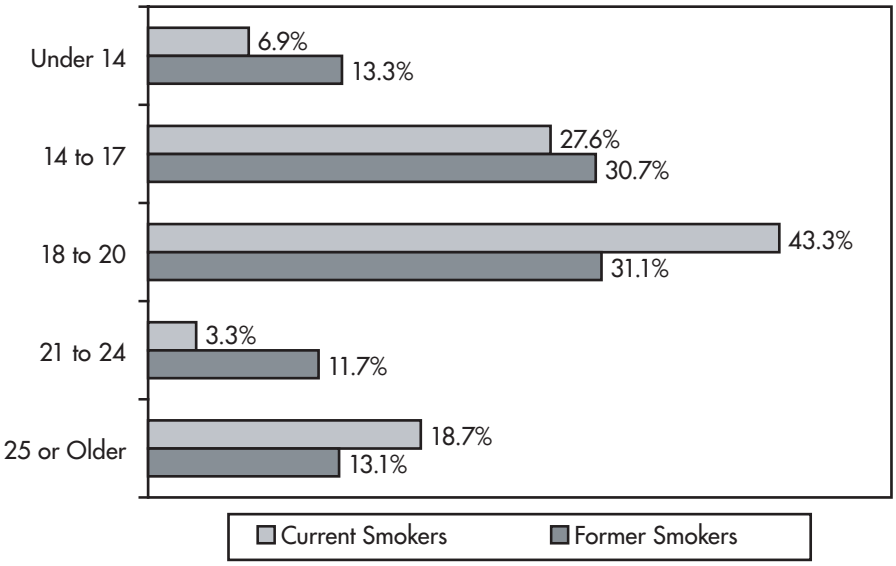
Table 2.B.12. Regression Results Associated With Former Smoker Status Versus Current Smoker Status

	Coefficient β	Odds Ratio (e^{β})	95% C.I. for (e^{β})	Interpretation
Intercept	**0.835**			
Another member of the household currently smokes	-1.000***	0.368	0.191–0.708	The odds of being a former smoker rather than a current one are almost 3 times greater for respondents from households where no other members currently smoke
Female	0.501	1.651	0.798–3.416	Not significant
Age	0.008	1.008	0.986–1.030	Not significant
Marital Status				
Married or unmarried couple	1.073*	2.924	1.269–6.711	The odds of being a former smoker rather than a current one are almost 3 times greater for married respondents over those who have never married
Divorced or separated	-0.113	0.893	0.245–3.257	Not significant
Widowed	0.420	1.522	0.200–11.628	Not significant
Never married				Reference Category
Highest Education Level Completed				
No formal Education	-1.167	0.311	0.018–5.404	Not significant
Less than high school	-0.553	0.575	0.217–1.523	Not significant
High school graduate	-0.893*	0.410	0.177–0.949	The odds of being a current smoker over a former one are 2.5 times greater for high school graduates who never went to college over college graduates
College graduate	-0.290	0.748	0.347–1.613	Not significant
Graduate or Professional School				Reference Category
Household Income				
Less than $20,000	0.409	1.505	0.563–4.020	Not significant
$20,000–$34,999	0.006	1.006	0.391–2.587	Not significant
$35,000–$49,999	0.325	1.385	0.523–3.664	Not significant
$50,000–$74,999	-1.009	0.365	0.133–0.998	Not significant
$75,000–$100,000	0.622	1.863	0.593–5.852	Not significant
More than $100,000				Reference Category
Percent of Life Spent in U.S.				
Less than 10%	0.113	1.119	0.362–3.465	Not significant
10%–24%	0.052	1.053	0.457–2.426	Not significant
25%–50%	0.315	1.370	0.641–2.929	Not significant
75%–100%				Reference Category
Acculturation				
Assimilated	0.354	1.424	0.520–3.901	Not significant
Bilingual	0.291	1.338	0.635–2.819	Not significant
Traditional				Reference Category

2.C. Age of Onset for Current and Former Smokers

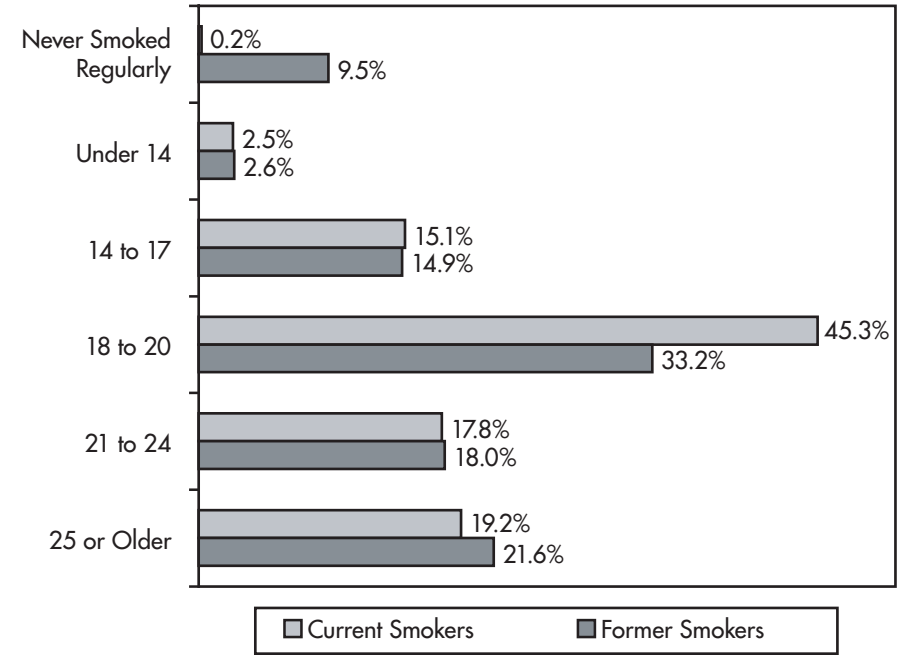
To attempt to understand better when current and former smokers first began smoking, Figure 2.C.1 shows the age at which respondents in these categories reported they first smoked an entire cigarette. Age of onset for smoking was young; the most common age at which respondents smoked their first cigarette was 18 to 20 for both current smokers (43.3%) and former smokers (31.1%). However, 44.0% of former smokers and 34.5% of current smokers had their first cigarette before they turned 18-years-old. Altogether, about three-quarters of current smokers (77.8%) and former smokers (75.1%) had their first cigarette before age 21.

Figure 2.C.1. Age Respondents Smoked Their First Whole Cigarette



Respondents were next asked when they "first started smoking cigarettes fairly regularly"; the responses for current and former smokers are shown in Figure 2.C.2. Although most respondents started smoking early in life (most before age 21), regular smoking behavior tended to occur later. Looking at early smoking behaviors, 17.6% of current smokers and 17.5% of former smokers started smoking regularly before they were 18-years-old, but the most common age at which both current and former smokers became regular smokers was 18- to 20-years-old. Altogether, 37% of current smokers and 39.6% of former smokers reported that they started smoking regularly after age 21.

Figure 2.C.2. Age Respondents Became Regular Smokers



2.D. Other Tobacco Products

In addition to cigarettes, respondents were asked about other tobacco products they may have used. Respondents were asked if they had ever smoked a tobacco pipe or cigar or if they had used chewing tobacco. If they had used any of these other tobacco products, they were asked how often they used them.

Presented in Table 2.D.1, cigars are the most commonly used other tobacco product. Respondents were more likely to have smoked a cigar (12.6%) than to have smoked a tobacco pipe (5.2%) or to have used chewing tobacco (1.9%). This table also

presents tobacco product use by smoking status. Individuals who have never smoked cigarettes were unlikely to use other forms of tobacco. For example, current and former cigarette smokers were much more likely to have smoked a tobacco pipe (18% and 20.7% respectively) than those respondents who had never been cigarette smokers (1.8%). A similar pattern was observed for cigar smoking. Former and current cigarette smokers were far more likely to have smoked a cigar (41% and 42.3% respectively) than respondents who had never been cigarette smokers (5.8%). The same pattern also holds for use of chewing tobacco, the least commonly used tobacco product. These differences by cigarette smoking status are statistically significant at $p<0.001$.

Table 2.D.1. Percent of Respondents Who Have Ever Used Other Tobacco Products

	Never Smokers	Former Smokers	Current Smokers	Total
Chewing Tobacco	0.7%	7.0%	7.4%	1.9%
Cigar	5.8%	41.0%	42.3%	12.6%
Tobacco Pipe	1.8%	20.7%	18.0%	5.2%

Table 2.D.2 shows the frequency with which respondents who had ever used other tobacco products currently use them. Overall, the use of these other tobacco products is extremely light. Most respondents who have used these products in the past did not report using them currently. Although cigars were the product most often used by respondents in the past, only 5.4% reported currently using them at least some days. Similarly, 12.2% of respondents reported that they used chewing tobacco at least some days and 7.7% reported current use of tobacco pipes. Current smokers appear to use other tobacco products more frequently than former smokers or respondents who have never smoked. For example, 22.2% of current smokers reported occasional use of chewing tobacco, while only 9.1% of former smokers and 6% of the respondents who have never smoked reported doing so. However, there are no statistically significant differences in frequency of use of these tobacco products by smoking status.

Table 2.D.2. Current Frequency of Use of Other Tobacco Products

	Never Smokers		Former Smokers		Current Smokers		Total	
	Every Day or Some Days	Not at All	Every Day or Some Days	Not at All	Every Day or Some Days	Not at All	Every Day or Some Days	Not at All
Chewing Tobacco	6.0%	94.0%	9.1%	90.9%	22.2%	77.8%	12.2%	87.8%
Cigar	4.9%	95.1%	1.9%	98.1%	11.2%	88.8%	5.4%	94.6%
Tobacco Pipe	9.0%	91.0%	3.1%	96.9%	14.1%	85.9%	7.7%	92.3%

The cigar smoking behavior of respondents was further examined to determine more precisely how often respondents currently smoke cigars or how long ago they did so. Table 2.D.3 presents the last time the respondent smoked a cigar by his or her cigarette smoking status and includes only those respondents who reported that they had smoked at least one cigar in their lives. Current cigarette smokers were more likely to have smoked a cigar within the past month (11.1%) than former smokers (2.1%) or never smokers (5.2%). Former smokers were the most likely to have last smoked a cigar more than 15 years ago (42.6%) compared to current smokers (17.5%) and never smokers (26%). Group differences are statistically significant at $p=0.001$.

Table 2.D.3. When Last Cigar Smoking Occurred by Smoking Status

Last Time Smoked a Cigar	Smoking Status		
	Never Smoker	Former Smoker	Current Smoker
In Past Month	5.2%	2.1%	11.1%
In Past 3 Months	5.2%	0.0%	11.1%
In Past 6 Months	3.1%	2.1%	3.2%
In Past Year	16.7%	7.4%	17.5%
In Past 5 Years	26.0%	20.2%	27.0%
In Past 15 Years	17.7%	25.5%	12.7%
More Than 15 Years Ago	26.0%	42.6%	17.5%
Total	100.0%	100.0%	100.0%

Including only those respondents who reported smoking a cigar within the past month, Figure 2.D.1 shows how often these respondents smoked a cigar in the past month. A little over a quarter of current (25.6%) and former (26.1%) cigarette smokers reported that they smoked a cigar every day in the past month. The majority of respondents did not smoke cigars on a daily basis; 62.9% of current cigarette smokers, 73.9% of former smokers, and 88.7% of those who had never smoked cigarettes reported smoking a cigar less than once a week.

Figure 2.D.1. How Often Current Cigar Smokers Have Smoked a Cigar in the Past Month [16]

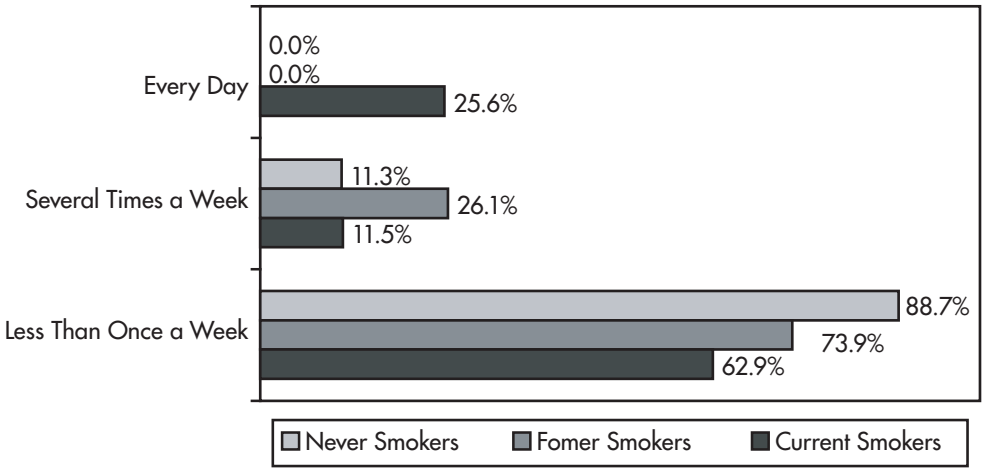


Table 2.D.4 presents the current frequency of use of other tobacco products by generation. Among those respondents who have never smoked cigarettes, usage of other tobacco products was very light with less than 2% having ever chewed tobacco and less than 6% having ever smoked a tobacco pipe. However, second generation respondents who have never smoked report statistically significant higher rates of usage of all forms of other tobacco products over first generation respondents

[16] This figure includes only males as there were no female smokers in the sample that had smoked a cigar in the past month.

(for example 17.1% of second generation never smokers have smoked a cigar, while only 3.7% of first generation never smokers have done so). Tobacco use among former and current smokers is greater than that among respondents who have never smoked, particularly for reports of ever having smoked a cigar. However, the only statistically significant differences between generations were found in reports of having ever smoked a cigar. Among former and current smokers, second generation respondents reported higher rates of past or present cigar use than first generation respondents.

Table 2.D.4. Current Frequency of Use by Ever Users of Other Tobacco Products by Generation

	Never Smokers		Former Smokers		Current Smokers	
	First Generation	Second or Higher Generation	First Generation	Second or Higher Generation	First Generation	Second or Higher Generation
Chewing Tobacco	0.5%	1.7%	6.9%	7.5%	7.5%	7.4%
Cigar	3.7%	17.0%	38.9%	59.2%	37.3%	73.7%
Tobacco Pipe	1.1%	5.2%	20.4%	22.8%	17.2%	22.9%

It was intended for this report to include a breakdown of use of other tobacco products by gender. However, use of other tobacco products by females was too rare to allow for meaningful group differences to be identified. The low rate of use of other tobacco products by Chinese females in California is consistent with the low rate of use of these products by the California female population in general as reported by the 2002 CTS.

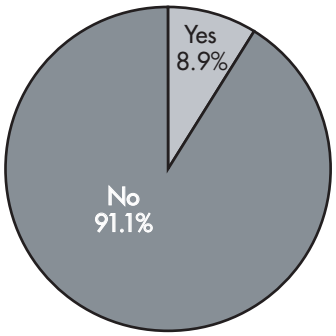
Chapter 3 Quitting Behaviors

Even more important than understanding current smoking behavior is understanding behaviors related to smoking cessation. This section explores attitudes toward smoking cessation, techniques used to stop smoking, and types of assistance individuals have sought in order to stop smoking.

3.A. Former Smoker Assistance

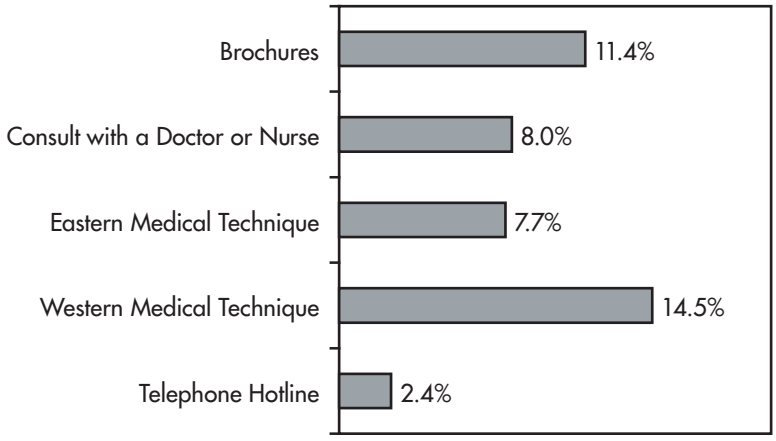
Individuals who have been able to stop smoking successfully are a potentially important source of information for others who are trying to stop smoking themselves. However, it appears that few former smokers have tried to help a friend or family member stop smoking. As shown in Figure 3.A.1, when asked if they had ever tried to help a family member or friend stop smoking, most former smokers (91.1%) answered "no."

Figure 3.A.1. Percent of Former Smokers Who Have Ever Sought Help for a Smoking Family Member or Friend



Those respondents who had tried to help a family member or friend stop smoking were asked whether they had used any of the following types of assistance: brochures, consulting with a doctor or nurse, Western medical techniques (nicotine gum, nicotine patches, and so on), Eastern medical techniques, or a telephone hotline. As presented in Figure 3.A.2, the most common types of assistance former smokers used when they attempted to help a family member or friend stop smoking were Western medical techniques (14.5%), followed by brochures (11.4%), and consulting with a doctor or nurse (8%) and Eastern medical techniques (7.7%). Only 2.4% sought help from a telephone hotline.

Figure 3.A.2. Type of Assistance Former Smokers Used in Most Recent Attempt to Help Family Member or Friend



3.B. Former Smokers' Behavior

Table 3.B.1 shows the length of time since former smokers last smoked cigarettes on a regular basis. Most former smokers had stopped smoking more than one year ago (85.4%); 43.6% had not smoked regularly for at least ten years. A small group of former smokers had only recently stopped smoking; 10.9% had stopped smoking within the previous six months.

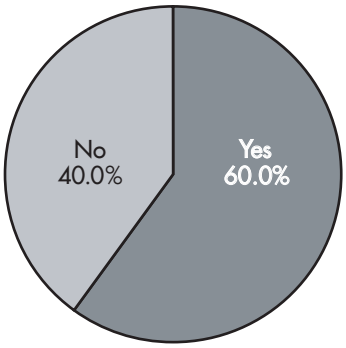
Table 3.B.1. Length of Time Since Respondent Last Smoked Cigarettes Regularly

	Percent
6 months or less	10.9%
Between 6 months and a year	3.7%
Between 1 and 5 years	17.0%
Between 5 and 10 years	24.7%
Between 10 and 15 years	12.6%
Between 15 and 20 years	16.2%
More than 20 years	14.8%
Total	100.0%

3.C. Current Smoker Quitting Profile

Most current smokers had initiated some attempts to stop smoking in the previous year. In fact, as shown in Figure 3.C.1, over half (60%) of all current smokers had stopped smoking for at least one day in the past year while trying to quit. The 2002 CTS also found 60% of all California smokers attempted to quit.

Figure 3.C.1. Percent of Current Smokers Who Have Stopped Smoking for at Least One Day While Trying to Quit



Most current smokers who had attempted to quit smoking did not seek outside aid. Of those current smokers who did try to stop smoking, 86.3% tried to quit on their own (see Figure 3.C.2).

Those current smokers who sought aid to quit smoking were asked what type of assistance they employed. Respondents were asked if they had tried any of the following: brochures, consulting with a doctor or nurse, Eastern medical techniques, Western medical techniques (nicotine patch, nicotine gum, and so forth), or telephone hotlines. As shown in Figure 3.C.3, the most common types of assistance sought by current smokers were Western medical techniques (25.2%) and consulting with a doctor or nurse (15.3%). A small percentage of current smokers tried using brochures (1.6%) and Eastern medical techniques (1.1%) to help them quit smoking.

Figure 3.C.3. Type of Assistance Current Smokers Seeking Aid Used in Most Recent Attempt to Quit Smoking

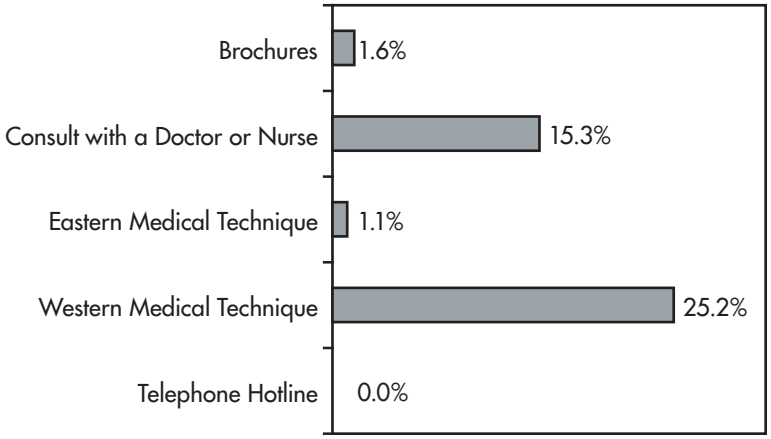
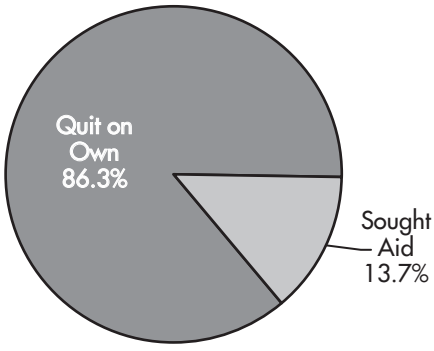
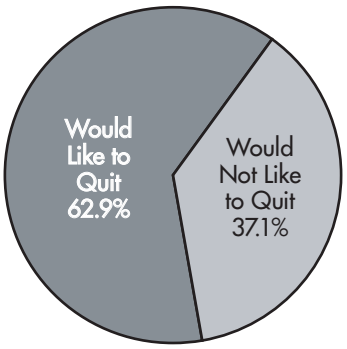


Figure 3.C.2. Percent of Current Smokers Who Have Tried to Quit on Their Own



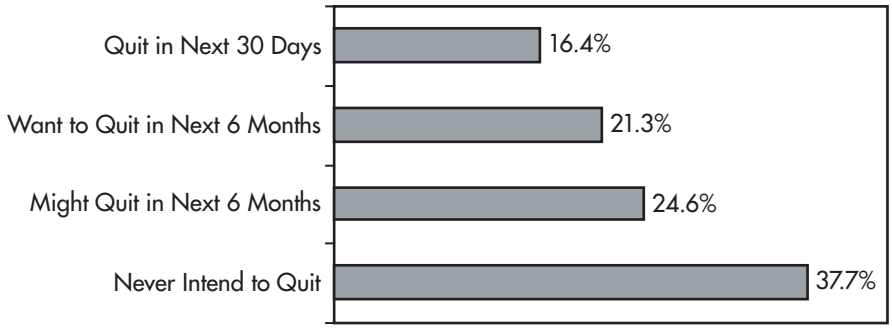
All current smokers were asked whether or not they would like to quit smoking. Almost two-thirds of current smokers indicated that they would indeed like to quit (see Figure 3.C.4). Still, a sizeable minority (37.1%) indicated that they did not want to stop smoking at the present time.

Figure 3.C.4. Percent of Current Smokers Who Would Like to Quit



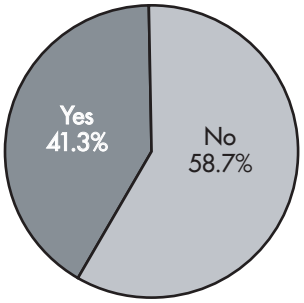
Although a significant number of smokers want to quit, they do not intend to quit in the immediate future. As shown in Figure 3.C.5, just 16.4% of current smokers intended to quit within the next 30 days and an additional 21.3% wanted to quit in the next six months. Another 24.6% said that they might quit in the next six months.

Figure 3.C.5. Current Smokers Quitting Intentions



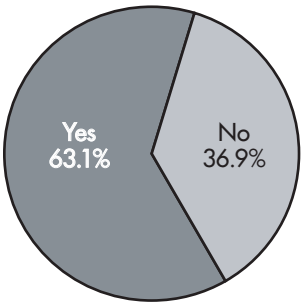
Often smokers are advised to stop smoking by their doctor or another health professional. Several survey questions investigated whether respondents had received advice to stop smoking from a medical professional. As shown in Figure 3.C.6, fewer than half (41.3%) of current smokers had seen a health professional in the past year.

Figure 3.C.6. Percent of Current Smokers Who Had Seen a Health Professional in the Past Year



If respondents had seen a health professional in the previous year, they were likely to be told to stop smoking. Figure 3.C.7 shows that of those current smokers who had been to see a health professional within the past year, 63.1% received advice to stop smoking.

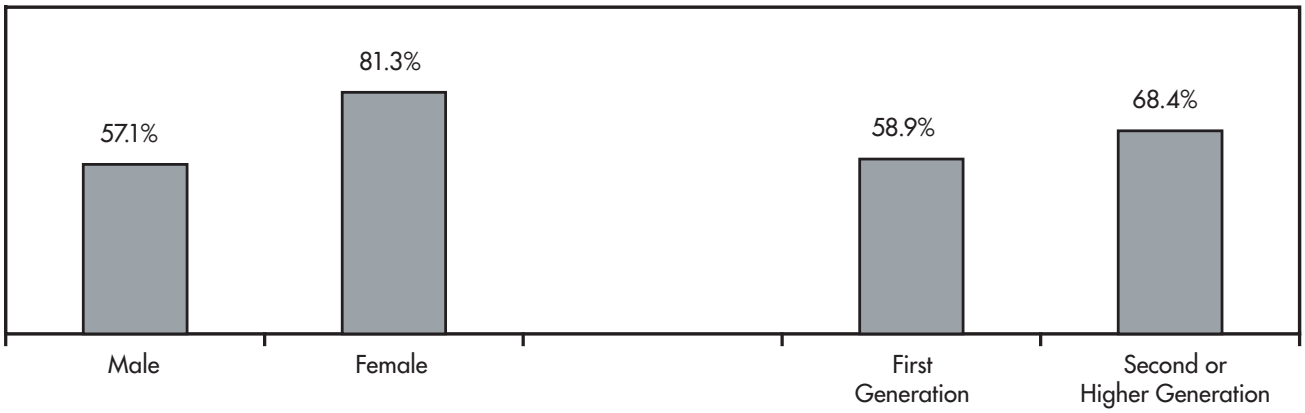
Figure 3.C.7. Percent of Current Smokers Who Saw a Health Professional in the Past Year and Received Advice to Stop Smoking



3.D. Current Smoker Quitting Behavior by Demographics

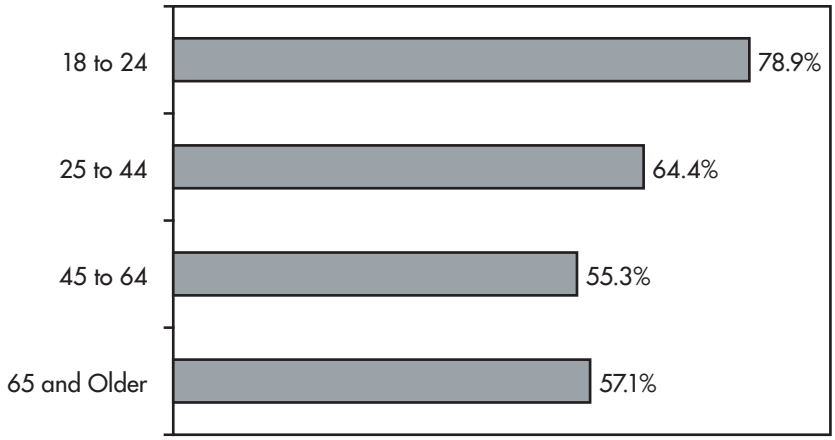
To understand better which current smokers are likely to want to quit or attempt to quit smoking, a demographic analysis was performed. Specifically, quitting behaviors were examined as a function of gender, age, generation, acculturation, length of time spent in the U.S., language preference, education, and marital status. Two primary survey questions were considered for these analyses: whether the respondent had tried to quit smoking in the previous year, and whether the respondent wanted to quit smoking.

Figure 3.D.1. Percent of Current Smokers Who Have Tried to Quit by Gender and Generation



First, concerning gender, female smokers were more likely to have tried to quit than male smokers; 81.3% of female current smokers reported that they had tried to quit smoking at one time compared to only 57.1% of male current smokers. These gender differences in quitting behavior are presented in Figure 3.D.1. Also shown: current smokers who were first generation Chinese (those not born in the U.S.) were less likely to have tried to quit smoking than second or higher generation Chinese; 58.9% of current smokers who were first generation Chinese had tried to quit smoking, while 68.4% of second or higher generation Chinese had tried to quit smoking.

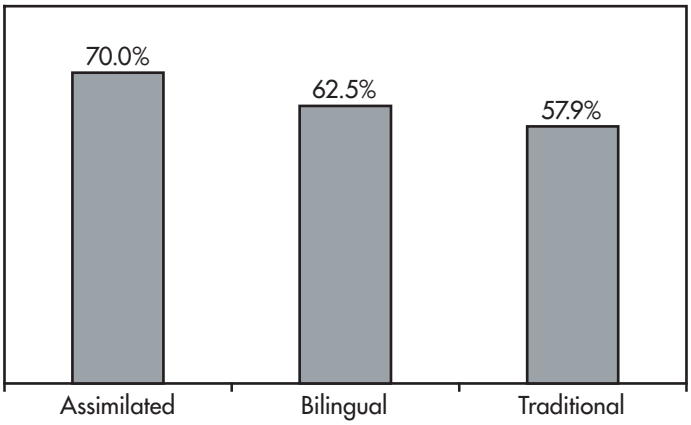
Figure 3.D.2. Percent of Current Smokers Who Have Tried to Quit by Age



Generally speaking, younger current smokers were more likely to have tried to quit smoking than older current smokers. In the youngest age category (18-24), 78.9% of current smokers had tried to quit smoking, while only 57.1% of current smokers over the age of 64 had tried to quit. These differences in quitting behavior by age are presented in Figure 3.D.2.

Respondents' level of acculturation also appears to influence quitting behavior, as shown in Figure 3.D.3. Current smokers who were assimilated (70%) were more likely to have tried to quit smoking than bilingual smokers (62.5%) or traditional smokers (57.9%).

Figure 3.D.3. Percent of Current Smokers Who Have Tried to Quit by Acculturation



Consistent with the findings for acculturation and proportion of life spent in the U.S., English-speaking respondents were also more likely to report having

tried to quit smoking. Figure 3.D.4 shows the percentage of current smokers who have tried to quit smoking by language preference. English speakers (76%) and Cantonese speakers (70.2%) were more likely to have tried to quit smoking than Mandarin speakers (45.7%).

Similar to the notion of acculturation is the length of time a respondent has spent in the U.S. As shown in Table 3.D.1, current smokers who had spent the smallest proportion of their life in the U.S. were the least likely to have tried to quit smoking; only 20% of smokers who had spent less than 10% of their lives in the U.S. had tried to quit smoking, while 70.8% of smokers who had spent 75-100% of their lives in the U.S. had tried to quit smoking.

Figure 3.D.4. Percent of Current Smokers Who Have Tried to Quit by Language Preference

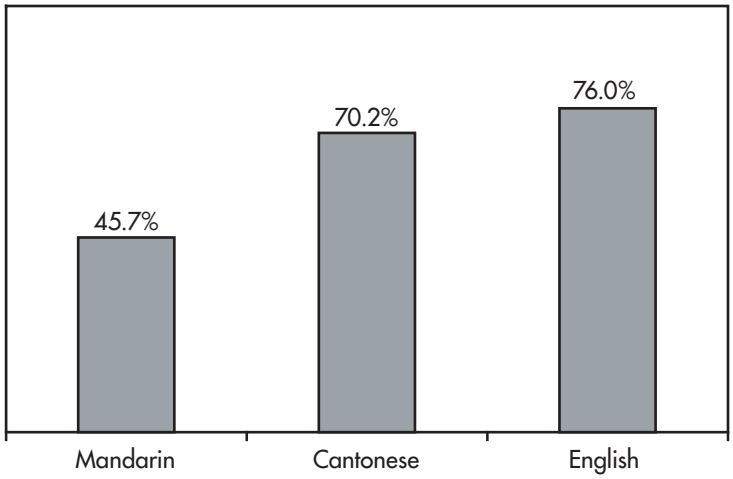


Table 3.D.1. Percent of Current Smokers Who Have Tried to Quit by Percent of Life Spent to Date in the U.S.

Percent of Life Spent to Date in the U.S.	Percent
Less Than 10%	20.0%
10–24%	54.8%
25–49%	78.8%
50–74%	57.7%
75–100%	70.8%

Next, the percent of current smokers who had tried to quit smoking was examined as a function of respondents' education level. Smokers falling in the lowest and highest categories were the least likely to have tried to quit smoking. Fifty percent of smokers with no formal education had tried to quit smoking; 40.9% of smokers with a graduate or professional degree had tried to quit smoking. For all other education categories, between 61.1% and 64.7% of current smokers had tried to quit smoking (see Table 3.D.2).

Table 3.D.2. Percent of Current Smokers Who Have Tried to Quit by Education

Education	Percent
No Formal Education	50.0%
Less Than High School Education	61.1%
Completed High School	64.7%
College Graduate	64.0%
Graduate or Professional School	40.9%

Marital status does not appear to make a substantial difference in current smokers' desire to quit smoking, with the exception of widows. In all other categories of marital status, more than half of all current smokers had tried to quit. In contrast, only 33.3% of widowed current smokers reported that they had tried to quit. This information is presented in Figure 3.D.5.

Although an individual may not have explicitly tried to quit smoking in the previous year, he or she may still have a desire to quit smoking. To understand respondents' intentions toward quitting smoking, respondents' answers to the question, "Would you like to quit smoking?" were examined as a function of key demographics.

Figure 3.D.5. Percent of Current Smokers Who Have Tried to Quit by Marital Status

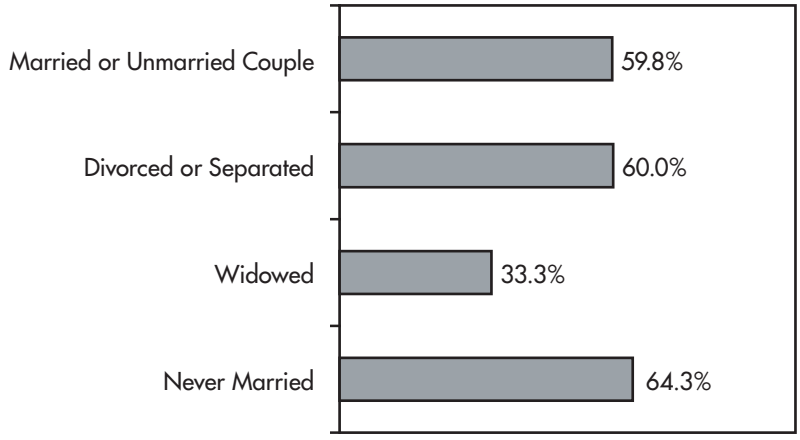


Figure 3.D.6. Percent of Current Smokers Who Would Like to Quit by Gender and Generation

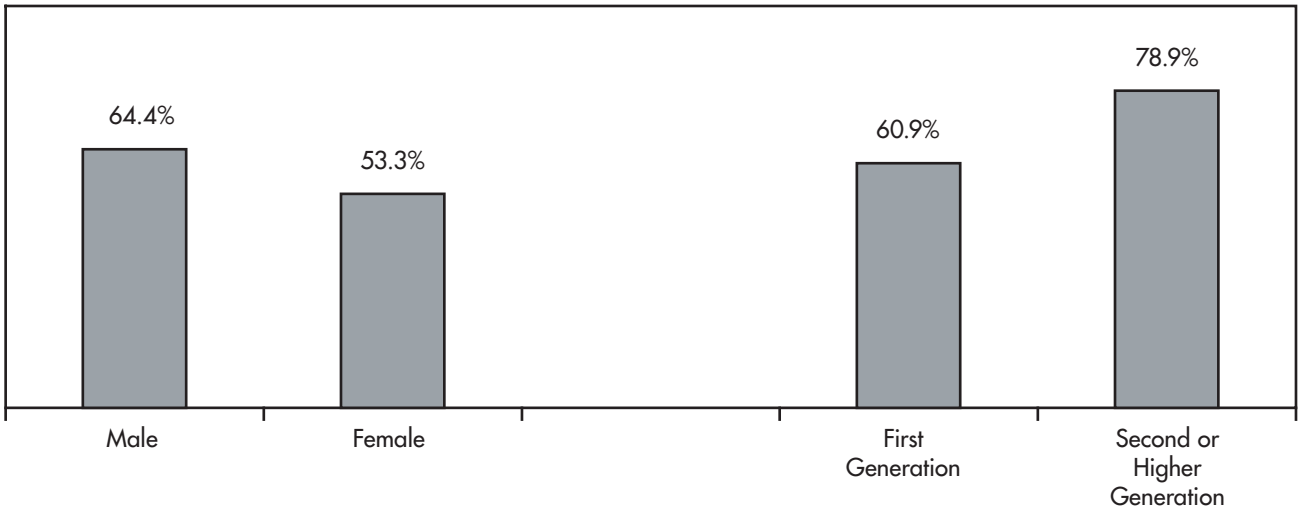
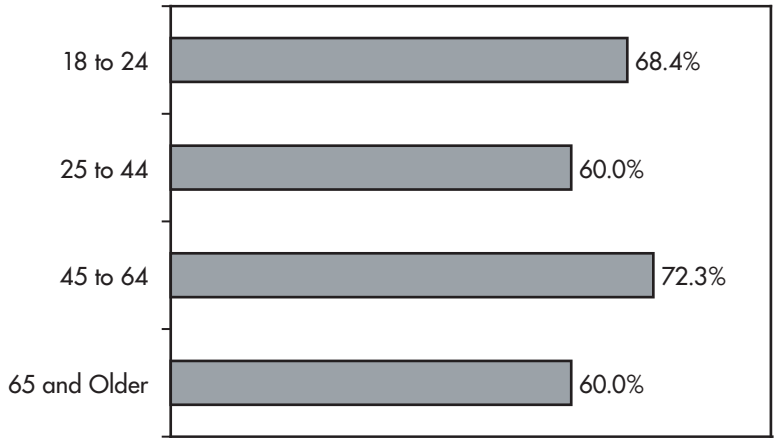


Figure 3.D.6 presents the percentage of current smokers who would like to quit smoking by gender. Although female current smokers were more likely than males to have tried to quit smoking (see Figure 3.D.1), males were more likely to want to quit smoking (64.4%) than females (53.3%). As was found with attempted quitting, generation was also clearly related to respondents' desire to quit smoking. Also shown in Figure 3.D.7, current smokers who were first generation Chinese (not born in the U.S.) were less likely to want to quit smoking (60.9%) than current smokers who were second or higher generation Chinese (78.9%).

Figure 3.D.7. Percent of Current Smokers Who Would Like to Quit by Age



In terms of age, there was not a clear trend in terms of desire to quit smoking. Across all age categories, more than half of current smokers wanted to quit. However, the 45-64 age category has the highest percentage of current smokers who wanted to quit smoking (72.3%). The results by age group are presented in Figure 3.D.7.

Apart from generation, the acculturation status of current smokers is also related to respondents' desire to quit smoking. As shown in Figure 3.D.8, current smokers who are considered assimilated were more likely to want to quit smoking than traditional or bilingual smokers.

Language preference also supports the trend observed with acculturation and length of time spent in the U.S. Current smokers who spoke English were more likely to want to quit smoking (76%) than smokers who spoke Mandarin (51.4%) and Cantonese (70.8%).

Also consistent with the pattern of findings for attempted quitting behavior, Table 3.D.3 seems to show a general pattern in which current smokers who had spent a large percentage of their lives in the U.S. were more likely to want to quit smoking than those who had spent a very small percentage of their lives in the U.S. While 82.6% of current smokers who had spent 75-100% of their lives in the U.S. reported that they wanted to quit smoking, only 27.3% of those who had spent less than 10% of their lives in the U.S. wanted to quit smoking.

Figure 3.D.8. Percent of Current Smokers Who Would Like to Quit by Acculturation

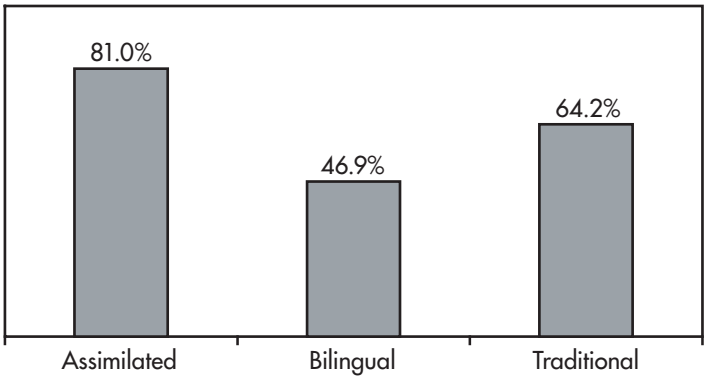


Figure 3.D.9. Percent of Current Smokers Who Would Like to Quit by Language Preference

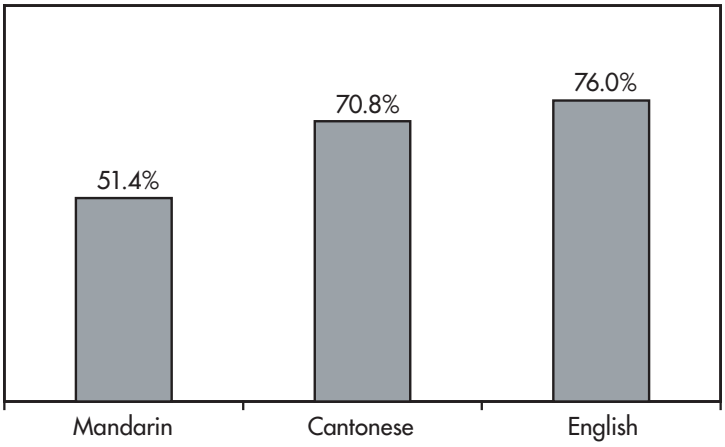


Table 3.D.3. Percent of Current Smokers Who Would Like to Quit by Percent of Life Spent to Date in the U.S.

Percent of Life to Date Spent in the U.S.	Percent
Less Than 10%	27.3%
10–24%	56.7%
25–49%	72.7%
50–74%	69.2%
75–100%	82.6%

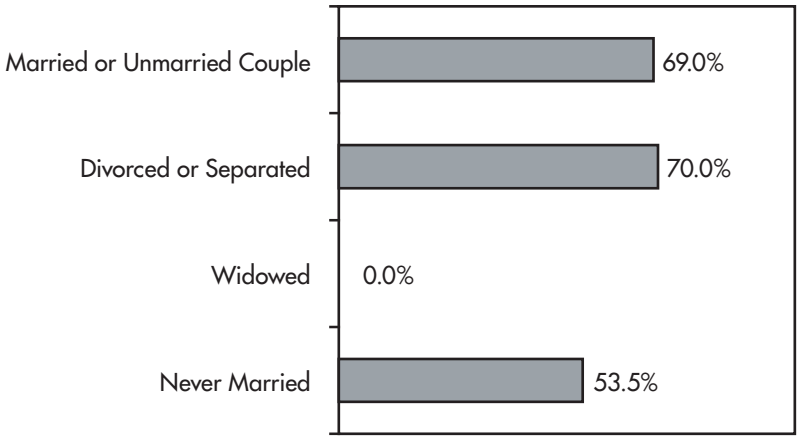
Considering respondents' level of education and reported desire to quit smoking, there is not a clear relationship between the two variables. Table 3.D.4 does not show any apparent trend when considering the percent of current smokers who would like to quit smoking by their education level.

Table 3.D.4. Percent of Current Smokers Who Would Like to Quit by Education

Education	Percent
No Formal Education	66.7%
Less Than High School Education	66.7%
Completed High School	68.6%
College Graduate	60.8%
Graduate or Professional School	50.0%

Finally, current smokers' desire to quit was examined as a function of marital status. Presented in Figure 3.D.10, 69% of current smokers who were married or part of an unmarried couple and 70% who were divorced or separated wanted to quit smoking. Conversely, only 53.5% of never married current smokers and 0% of those who were widowed wanted to quit smoking.

Figure 3.D.10. Percent of Current Smokers Who Would Like to Quit by Marital Status



Chapter 4 Current Smoker Purchasing Behavior

Increases in the cost of cigarettes have been associated with a decrease in per capita cigarette consumption.[17] To better understand whether individuals are concerned about the price they pay for cigarettes, and if this concern in turn relates to an intention to quit smoking, a series of survey questions addressed these issues.

4.A. Purchasing Habits

Current smokers were asked how much they usually paid for a pack of cigarettes. Shown in Figure 4.A.1, 21.5% of current smokers usually paid $2 to $3 for a pack of cigarettes. Just over a third (35.5%) usually paid $3 to $4 per pack, while another 29.7% paid $4 to $5. Only 1.6% of current smokers usually paid more than $5 for a pack of cigarettes, and 11.7% paid less than $2 per pack.

Figure 4.A.2 shows the amount current smokers reported that they usually paid for a carton of cigarettes. Over half (58.7%) of all current smokers reported that they usually paid $25 to $30 for a carton of cigarettes; 21.1% paid $30 to $35 per carton. Only 8.1% usually paid more than $35, while 12.1% paid less than $25 per carton.

Only a small percentage of current smokers (10.5%) reported that they took advantage of coupons, rebates, or other special offers the last time they purchased cigarettes. This is presented in Figure IV.A.3.

Current smokers were asked what type of cigarette they usually smoked-lights, menthols, or regular cigarettes. Figure 4.A.4 shows

Figure 4.A.1. Amount Current Smokers Usually Pay for a Pack of Cigarettes

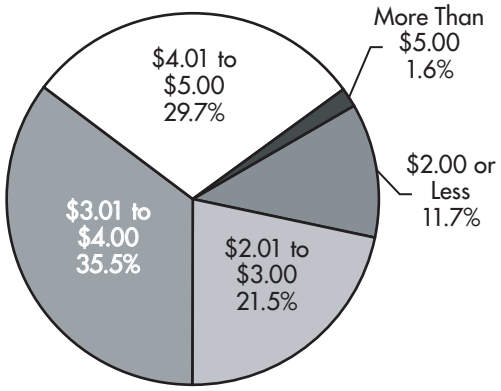


Figure 4.A.2. Amount Current Smokers Usually Pay for a Carton of Cigarettes

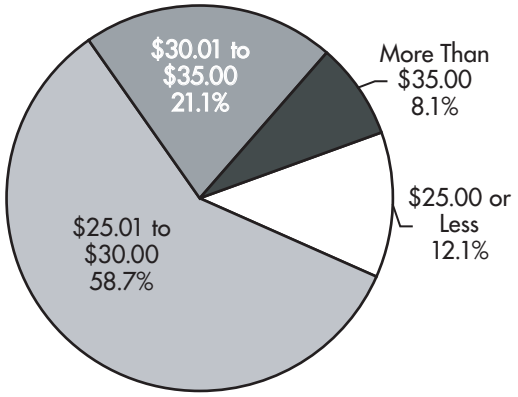


Figure 4.A.3. Percent of Current Smokers Who Took Advantage of Coupons, Rebates, or Other Special Offers the Last Time They Purchased Cigarettes

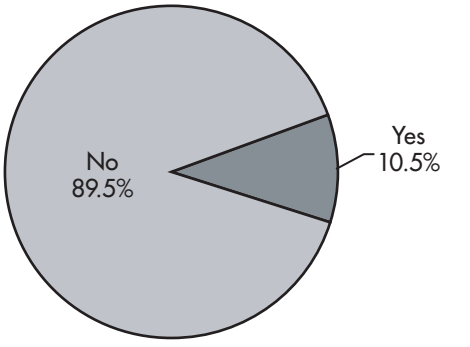
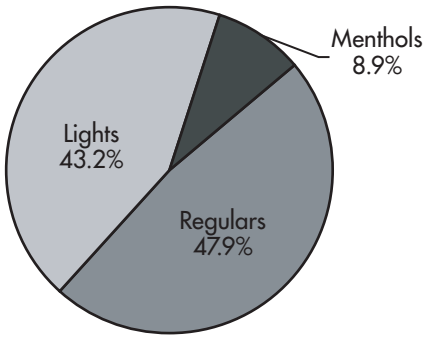


Figure 4.A.4. Type of Cigarette Current Smokers Usually Smoke



[17] Department of Health Services, Tobacco Control Section. Cigarette Consumption Fact Sheet. Sacramento, CA: Author. Retrieved June 10, 2004, from http://www.dhs.ca.gov/tobacco/documents/Consumption.pdf

that current smokers were slightly more likely to smoke regular cigarettes (47.9%) than light cigarettes (43.2%), while 8.9% usually smoked menthol cigarettes.

Table 4.A.1 presents the brands of cigarettes current smokers reported that they usually smoked. Almost half of all current smokers (47.8%) reported that they smoked Marlboro brand cigarettes. Over a quarter (26.7%) usually smoked a Chinese brand of cigarettes.

Table 4.A.1. Brand of Cigarette Current Smokers Usually Smoke

Brand	Percent
555	6.8%
Benson and Hedges	1.9%
Camel	2.9%
Kent	2.5%
Kool	0.7%
Marlboro	47.8%
Mild Seven	3.1%
More	0.1%
Newport	1.5%
Pall Mall	0.6%
Virginia Slims	4.2%
Winston	1.2%
Chinese Brand	26.7%
Total	100.0%

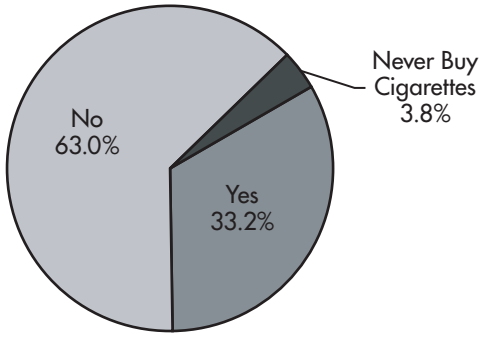
4.B. Concerns About the Cost of Cigarettes

When asked whether or not they worried about the amount of money they spent on cigarettes, 63% of current smokers reported that they did not worry; 33.2% reported that they did worry about the money they spent on cigarettes, while 3.8% reported that they never buy cigarettes.

4.C. Relationship Between Cost of Cigarettes and Quitting Behavior

To investigate whether spending more money for cigarettes increases smokers' desire to quit smoking, current smokers' quitting behaviors were examined as a function of the amount that they usually spent on a pack of cigarettes (see Table 4.C.1). There seems to be no clear relationship between the usual cost of current smokers' cigarettes and whether they had tried to quit smoking in the past year. However, current smokers who paid more for cigarettes do seem more likely to have wanted to quit smoking. Of those who paid less than $2 per pack, only 42.9% reported that they wanted to quit smoking, while 60% of those who paid $2 to $3 per pack and 71.4% of those who paid $3 to $4 per pack wanted to quit. Of those who paid $4 to $5

Figure 4.B.1. Percent of Current Smokers Who Worry About the Amount of Money They Spend on Cigarettes



per pack, 65.7% wanted to quit. Current smokers who paid the most for cigarettes (those who paid more than $5 per pack) do not seem to fit the general trend; however, it is difficult to compare this group to the rest of the sample due to the small number of respondents in this category.

Table 4.C.1. Quitting Behavior by Cost of Cigarettes

Amount Usually Paid for Pack of Cigarettes	Quitting Behavior	
	Tried to Quit in Last Year	Would Like to Quit
$2.00 or Less	71.4%	42.9%
$2.01 to $3.00	33.3%	60.0%
$3.01 to $4.00	75.6%	71.4%
$4.01 to $5.00	67.6%	65.7%
More Than $5.00	50.0%	50.0%

Table 4.C.2 presents the quitting behavior of current smokers by whether or not they worried about the amount of money they spent on cigarettes. Current smokers who were worried about the cost of smoking were more likely to have tried to quit in the past year (69.4%) than those who were not worried (54.3%). Those who worried about cost were also more likely to have wanted to quit (71.4%) than those who did not worry (58.1%).

Table4.C.2. Quitting Behavior by Worry Over Cost of Cigarettes

Worried About the Amount of Money Spent on Cigarettes	Quitting Behavior	
	Tried to Quit in Last Year	Would Like to Quit
Yes	69.4%	71.4%
No	54.3%	58.1%

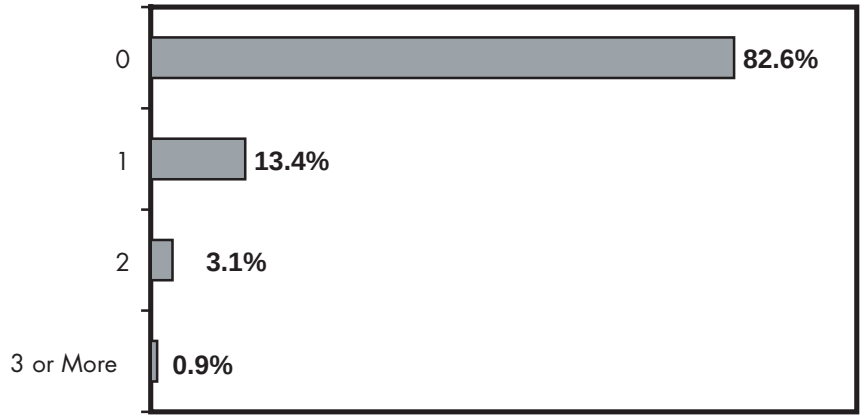
Chapter 5 Household Smoking Behavior

In California, an increasing number of individuals have begun to restrict smoking in their homes. For example, from 1994 to 2001, the percentage of nonsmokers who prohibit smoking in their homes increased by 25%. Furthermore, over twice as many smokers prohibited smoking in their homes in 2001 as were found to do so in 1994.[18] This growing trend is important and protects nonsmokers, children, pregnant women, the elderly, and other vulnerable individuals from the detrimental effects of SHS-a known carcinogen.

5.A. Smoking Behavior of Other Household Members

Respondents were asked how many household members other than themselves currently smoked. Their responses are presented in Figure 5.A.1. In 82.6% of respondents' households, no other members of the household smoked. In 13.4% of households, one other person in the household currently smoked. Another 3.1% of respondents' households had two other members of the household who were smokers. Only 0.9% of respondents lived in a household where more than two other household members were smokers.

Figure 5.A.1. Number of Other Household Members Who Currently Smoke



The following table gives a breakdown of the number of other household members who smoked by the number of adults in the household. Not surprisingly, households with more adults have larger percentages of other household members who smoke. Interestingly, this table indicates the existence of underage smokers within some of the households. For example, of the households that have only one adult present, 13.3% reported having other household members who smoke.

Table 5.A.1. Number of Other Household Members Who Currently Smoke by the Number of Adults in the Household

How Many Other Household Members Currently Smoke?	Number of Adults in Household				
	1	2	3	4	5 or More
0	86.7%	90.1%	81.5%	76.2%	70.1%
1	10.0%	8.7%	16.3%	17.8%	17.1%
2	1.4%	0.9%	1.8%	4.9%	10.0%
3 or More	1.9%	0.3%	0.4%	1.2%	2.8%
Total	100.0%	100.0%	100.0%	100.0%	100.0%

[18] Department of Health Services, Tobacco Control Section. Indoor and Outdoor Secondhand Smoke Consumption Fact Sheet. Sacramento, CA: Author. Retrieved June 10, 2004, from http://www.dhs.ca.gov/tobacco/documents/SecondHandSmoke.pdf

5.B. Relationship Between Smoking Behavior and Number of Smoking Household Members

Current smokers were much more likely to live in a household with others who smoked than former smokers or never smokers. Almost one-third (32.5%) of current smokers lived in a household with at least one other smoker, while only 16.4% of never smokers and 14.4% of former smokers lived with others in the household who smoked. These statistically significant group differences ($p<0.001$) are presented in Table 5.B.1.

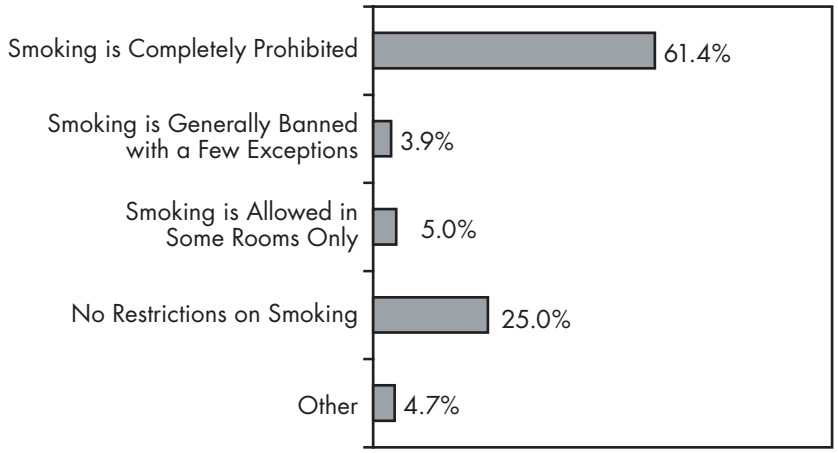
Table 5.B.1. Number of Other Household Members Who Currently Smoke by Smoking Status

Number of Other Household Members who Currently Smoke	Smoking Status		
	Never Smoker	Former Smoker	Current Smoker
0	83.6%	85.6%	67.5%
1	12.8%	9.9%	25.2%
2	2.7%	3.3%	7.4%
3 or More	0.9%	1.2%	0.0%
Total	100.0%	100.0%	100.0%

5.C. Household Smoking Restrictions

Although smoking can be banned in public places, smoking in individuals' households cannot be regulated in such a manner. To protect children and other household members from the effects of SHS, it is incumbent upon individuals to place such restrictions on their own households.

Figure 5.C.1. Smoking Rules in the Household

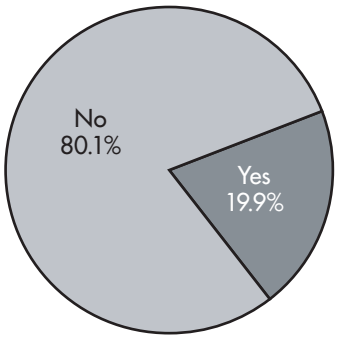


To understand respondents' attitudes toward smoking in their homes, respondents were asked whether or not smoking was prohibited in their households. For most respondents this was indeed the case. Figure 5.C.1 shows that in 61.4% of respondents' households, smoking was completely prohibited. This is higher than the 49% of all California residents who reported living in smoke-free households in the 2002 CTS. In 25% of Chinese households there were no restrictions on smoking. This is comparable to the 23.7% of all California households that reported no restrictions in the 2002 CTS.

For some individuals, responses indicate that smoking was allowed in the area outside the home. For others this question was not applicable because respondents never had smokers in the house. Such cases are reflected in the "other" category in Figure 5.C.1.

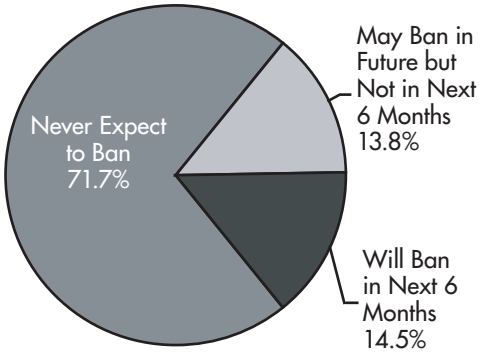
Although smoking was completely prohibited in a clear majority of respondents' households (see Figure 5.C.1 above), 80.1% of respondents reported that no one ever smoked inside their home. This is shown in Figure 5.C.2.

Figure 5.C.2. Percent of Households Where Anyone Ever Smokes Inside the Home



In those households where smoking was not completely prohibited, respondents were asked whether or not they intended to completely ban smoking sometime in the future. In 71.7% of those respondents' households, smoking was never expected to be banned. In 14.5% of those households, smoking was expected to be banned in the next six months, while 13.8% of respondents reported that smoking may be banned in their household some time in the future, but not in the next six months. These results are summarized in Figure 5.C.3.

Figure 5.C.3. Intentions for Completely Banning Smoking in the Household



In terms of who makes smoking rules for a household, a full 50% of respondents reported that they made the smoking rules in their households themselves. Another 8.1% reported that their partners or spouses made the rules, while 8.9% reported that either one or both of their parents made the smoking rules in the household. Six percent of respondents reported that the whole family was involved in making the rules, while in 22.8% of respondents' households there were no smoking rules. These results are summarized in Table 5.C.1.

Table 5.C.1. Who Makes the Smoking Rules in the Household?

	Percent
Myself	50.0%
Partner/Spouse	8.1%
Me and My Spouse/Partner	1.0%
Mother	4.1%
Father	3.7%
Both Parents	1.1%
Grandmother	0.2%
Grandfather	0.1%
Both Grandparents	0.1%
Whole Family/Everyone	6.0%
Roommate	0.6%
Not Necessary/No one Smokes/No Rules	22.8%
Other	2.1%
Total	100.0%

5.D. Relationship Between Smoking Behavior and Restrictions

To investigate the extent to which differences in household smoking restrictions impact smoking behavior, smoking restrictions were compared for current, former, and never smokers. There did not appear to be any substantial differences in household smoking restrictions by respondents' smoking status (see Table 5.D.1). Group differences are not statistically significant.

Table 5.D.1. Smoking Restrictions by Smoking Status

Smoking Restrictions in the Household	Smoking Status		
	Never Smoker	Former Smoker	Current Smoker
Smoking is Completely Prohibited	64.0%	69.0%	62.2%
Smoking is Generally Banned with a Few Exceptions	4.2%	3.0%	5.1%
Smoking is Allowed in Some Rooms Only	5.1%	3.0%	9.6%
No Restrictions on Smoking	26.8%	25.0%	23.1%
Total	100.0%	100.0%	100.0%

As established, in about one-quarter of households for never smokers, former smokers, and current smokers, there were no restrictions on smoking. However, the reasons for the lack of restrictions on smoking for these groups may be different. For example, current smokers may not restrict smoking to accommodate their own smoking behaviors whereas never or former smokers may have no formal restrictions on smoking because no one in the household smokes, making such restrictions unnecessary.

Along these same lines, Table 5.D.2 shows the percentage of respondents' households in which someone ever smokes inside the home by the respondents' smoking status. Current smokers (32.5%) were most likely to live in a household where someone smoked inside the home. Conversely, more than three-quarters of never smokers (82.1%) and former smokers (74.4%) reported no one ever smoked inside their homes. Group differences are statistically significant, $p<0.001$.

Table 5.D.2. Smoking in the Home by Smoking Status

Does Anyone Ever Smoke Inside the Home?	Smoking Status		
	Never Smoker	Former Smoker	Current Smoker
Yes	17.9%	25.6%	32.5%
No	82.1%	74.4%	67.5%
Total	100.0%	100.0%	100.0%

Despite allowing smoking in the household at present, current smokers were more likely to expect that they will ban smoking in their households in the future. Approximately 44.6% of current smokers indicated they definitely will ban or might ban smoking in the next six months compared with 25% of former smokers and 27% of never smokers. This statistically significant group difference ($p<0.05$) is presented in Table 5.D.3.

Table 5.D.3. Intentions of Banning Smoking by Smoking Status

Intentions of Completely Banning Smoking Inside the Household	Smoking Status		
	Never Smoker	Former Smoker	Current Smoker
Never Expect to Ban	73.0%	75.0%	55.4%
May Ban in the Future but Not in the Next 6 Months	12.1%	17.2%	25.0%
Will Ban in the Next 6 Months	14.9%	7.8%	19.6%
Total	100.0%	100.0%	100.0%

5.E. Relationship Between Smoking Behavior and Household Member Making Smoking Decisions

To investigate further the relationship between smoking behavior and rules against smoking in the household, Table 5.E.1 summarizes respondents' reports of who made the smoking rules in the household as a function of the smoking status of the respondents. Most respondents set the rules themselves, and this was the case for just about half of never, former, and current smokers. Also, for just about one-quarter of never smokers, former smokers, and current smokers, there were no rules regarding smoking in the household. There are no statistically significant differences between these groups.

Table 5.E.1. Who Makes Smoking Rules by Smoking Status

Who Makes Smoking Rules in the Household?	Smoking Status		
	Never Smoker	Former Smoker	Current Smoker
Myself	49.6%	53.8%	49.7%
Partner/Spouse	8.1%	9.2%	7.7%
Me and My Spouse/Partner	1.2%	0.0%	0.0%
Mother	4.0%	1.6%	8.4%
Father	3.7%	2.7%	4.2%
Both Parents	1.2%	0.5%	0.7%
Grandmother	0.2%	0.0%	0.0%
Grandfather	0.1%	0.0%	0.0%
Both Grandparents	0.1%	0.0%	0.0%
Whole Family/Everyone	6.4%	4.9%	3.5%
Roommate	0.7%	0.0%	0.0%
Not Necessary/No One Smokes/No Rules	22.5%	23.9%	23.8%
Other	2.0%	3.3%	2.1%
Total	100.0%	100.0%	100.0%

Chapter 6 Smoking Outside Of Home

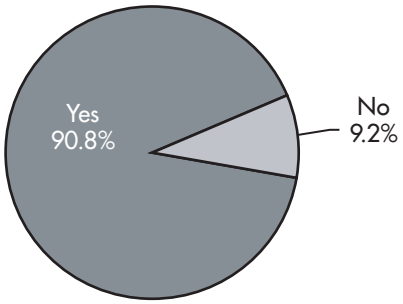
The state of California has enacted laws to protect individuals from the effects of SHS in the workplace and in other public places. In 1995, the California Smoke-Free Workplace Law took effect, banning smoking in most indoor workplaces. As a result, by 1999, 93% of California adults working indoors were protected from the negative effects of SHS. Furthermore, on January 1, 1998, smoking was prohibited in bars in the state of California. Since that time, there has been an increase in the number of patrons reporting approval of the smoke-free bar law and a decrease in the amount of patron-reported noncompliance with the law.[19]

To investigate rates of exposure to SHS for this particular population, a series of survey questions investigated exposure to SHS in the workplace and other places outside the home for Chinese-Californian adults.

6.A. Smoking Behaviors in Workplace[20]

As shown in Figure 6.A.1, 90.8% of workers work in a building that is completely smoke-free indoors. This is slightly below the 95.4% of all California workers who reported working in smoke-free workplaces in the 2002 CTS.

Figure 6.A.1. Percent of Workers Who Work in a Building that is Completely Smoke-Free Indoors



Those workers who reported that they worked in a building where smoking was permitted were asked where smoking was allowed in their work building. These responses are shown in Table 5.A.1. Just about a quarter (24%) reported that smoking was allowed in any indoor work areas in their building. Additionally, 38.8% reported that smoking was allowed in a special smoking room or lounge; 30.6% reported that smoking was allowed in the break room or cafeteria; and 34.8% reported that smoking was allowed in the hallway or lobby of the building. However, workers indicated that smoking was more likely to be permitted outside the building in which they worked. Of those workers, 73.8% reported that smoking was allowed close to building entrances. Also, 46.8% of workers who reported that smoking was allowed outside of the building in which they worked also reported that there was a special area on the property where smoking was allowed.

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[19] Department of Health Services, Tobacco Control Section. Indoor and Outdoor Secondhand Smoke Consumption Fact Sheet. Sacramento, CA: Author. Retrieved June 10, 2004, from http://www.dhs.ca.gov/tobacco/documents/SecondHandSmoke.pdf.

[20] Note that all of the percentages given for section VI.A and VI.B are for "percent of workers" not "percent of sample". Individuals who did not currently work outside the home are not included in these percentages

Table 6.A.1. Smoking Allowed in Work Areas

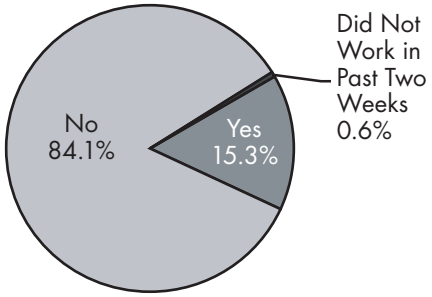
Area Where Smoking is Allowed	Percent
Indoor Work Areas	24.0%
Special Smoking Room or Lounge	38.8%
Break Room or Cafeteria	30.6%
Hallway or Lobby	34.8%
Close to Entrance Outside	73.8%
Special Area on the Property	46.8%

Thus, to summarize, fewer than 10% of workers indicated their workplace was not smoke-free indoors. In more workplaces, smoking was more likely to be permitted outside the building, most commonly permitted close to entrances or on a special area on the property. However, about one-quarter to one-third of such workplaces still permit smoking indoors, in areas shared by nonsmoking employees.

6.B. Smoking Exposure at Work

To determine the extent to which respondents are being exposed to smoke in the workplace, they were asked, "During the past two weeks has anyone smoked in the area in which you work?" As shown in Figure 6.B.1, 15.3% of respondents had been exposed to smoke in their work area in the past two weeks. This is slightly above the 12% of all California workers reporting SHS exposure at their workplace in the 2002 CTS.

Figure 6.B.1. Exposure to Smoke in Work Area in Past Two Weeks



6.C. Smoking Exposure Elsewhere

Respondents were asked whether or not they are exposed to tobacco smoke in places other than home or work, and where such exposure tends to occur. Fortunately, most respondents (82%) reported that they are not often exposed to other people's tobacco smoke in places other than work or home. This is shown in Figure 6.C.1.

The most common place in which respondents were last exposed to other people's tobacco smoke was a restaurant (23.5%), followed by a public park or outdoors (14.2%), a bar or tavern (9.6%), a school or campus (9%), and a shopping mall (8.4%). This information is presented in Table 6.C.1. Interestingly, in the 2002 CTS, California residents reported more exposure to SHS in public parks and outdoors (roughly 40%) than in restaurants (roughly 13%).

Figure 6.C.1. Percent of Respondents Often Exposed to Other People's Tobacco Smoke at Places Other Than Work or Home

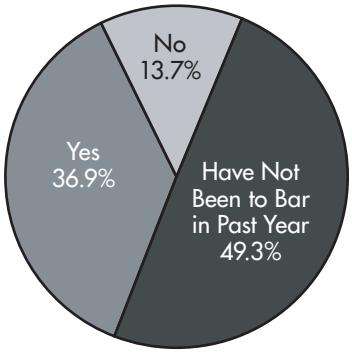


Table 6.C.1. Place Where Last Exposure to Tobacco Smoke Occurred

	Percent
Restaurant	23.5%
Restaurant Bar	3.0%
Bar or Tavern	9.6%
Club or Nightclub	0.9%
Pool Hall	0.9%
Shopping Mall	8.4%
Public Park or Outdoors	14.2%
Street or Outside a Building	5.8%
Community Event	3.3%
Sports Event	2.7%
Other Person's Home	6.5%
Other Person's Automobile	2.1%
Game Room, Casino, or Bingo Hall	5.6%
School or On Campus	9.0%
Other	4.4%
Total	100.0%

Of those respondents who had been to a California bar in the past year, 72.9% (36.9% of all respondents) reported that the bar was smoke-free. Almost half of all respondents (49.3%) had not been to a bar in the past year. This is shown in Figure 6.C.2.

Of those who had been to a bar in the past year, 35.4% reported that the ethnic majority of other customers in the last bar, tavern, or nightclub they visited was Chinese. Another 11.7% of respondents reported that the ethnic majority of the bar was either Korean or other Asian ethnicities.

Figure 6.C.4 presents the percent of bars that were not smoke-free by the ethnic majority of the bar customers. Respondents visiting bars with

Figure 6.C.2. Last Bar, Tavern, or Night Club Visited was Smoke-Free

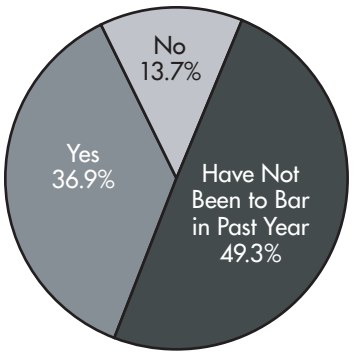


Figure 6.C.4. Smoking Status of Bar by the Ethnic Majority of Other Customers

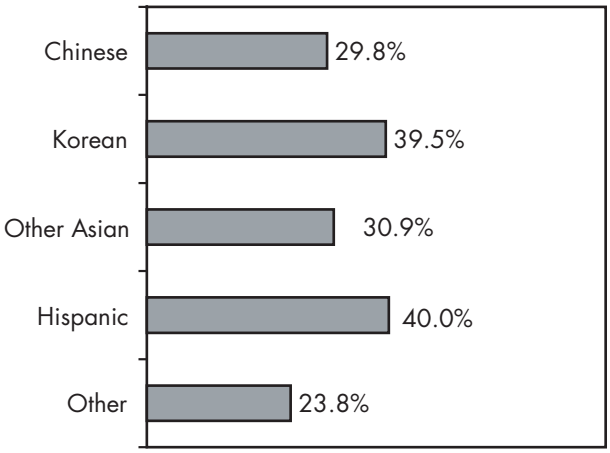
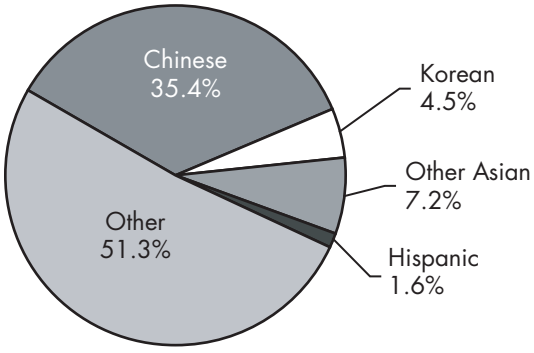


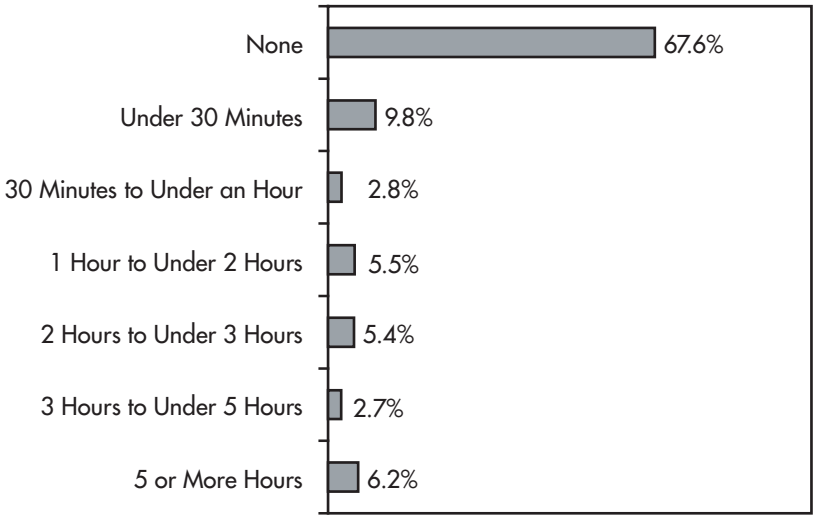
Figure 6.C.3. Ethnic Majority of Other Customers at Last Bar, Tavern, or Nightclub Visited



Hispanic or Korean patrons as the ethnic majority reported that these bars were not smoke-free about 25% more often than respondents visiting bars with Chinese or other Asian majorities as the ethnic majority.

When asked about the amount of time they were exposed to other people's tobacco smoke in the past week, 67.6% of respondents reported that they had not been exposed to the tobacco smoke of others at all. Another 9.8% had been exposed to less than 30 minutes of others' tobacco smoke. Only 6.2% had been exposed to five or more hours of other people's tobacco smoke in the past week. This is presented in Figure 6.C.5.

Figure 6.C.5. Amount of Time Exposed to Other People's Tobacco Smoke in the Past Week



Chapter 7 Media

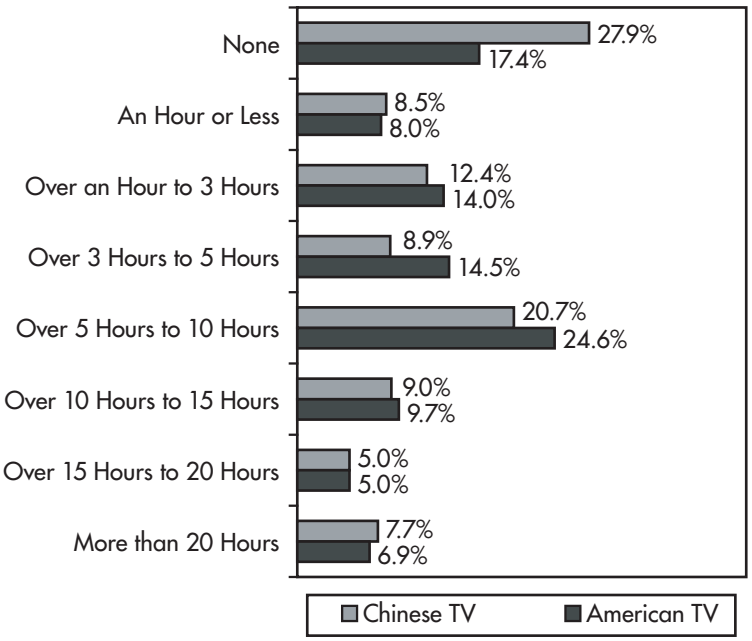
Understanding respondents' media preferences is an important aspect in designing media campaigns to deliver anti-smoking messages. To this end, a series of survey questions investigated respondents' media use behaviors. Specifically, questions asked respondents about the amount of time per week they spent watching TV, listening to the radio, and reading the newspaper. Further, the survey asked respondents to specify whether they viewed, read, or listened to American or Chinese media.

Additionally, the survey attempted to assess respondents' awareness of anti-smoking messages in the American and Chinese media. California's TEMC utilizes hard-hitting paid advertising and public service announcements in both American and Chinese media to communicate the dangers of tobacco use and SHS with in-language and culturally-relevant advertising.

7.A. Television Behavior

Figure 7.A.1 shows the amount of time per week respondents reported watching Chinese and American TV. More than one quarter of respondents (27.9%) indicated that they did not watch any Chinese TV at all. Conversely, 21.7% of all respondents watched more than ten hours of Chinese TV per week. When asked about the amount of time per week they watched American TV, 17.4% of respondents reported that they watched no American TV. However, respondents tended to report watching American TV in moderate amounts-21.6% reported watching more than ten hours per week.

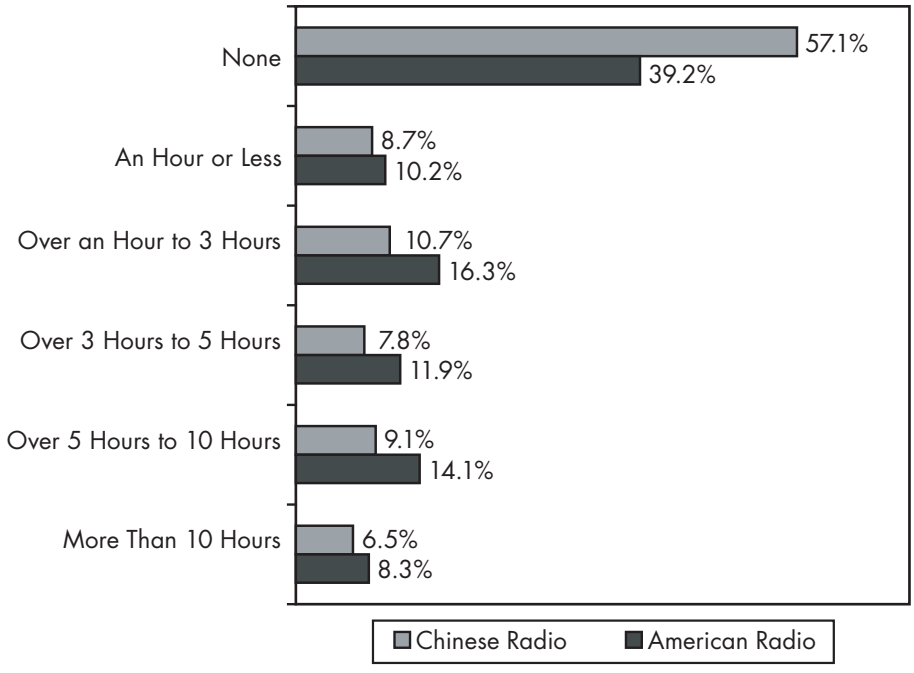
Figure 7.A.1. Amount of Time per Week Spent Watching Television



7.B. Radio Behavior

Next, respondents were asked about the time they spent listening to the radio. This is shown in Figure 7.B.1. Chinese radio was not a commonly used media source. Over half of all respondents (57.1%) reported that they did not listen to Chinese radio at all. Another 8.7% reported listening to some Chinese radio, but less than an hour per

Figure 7.B.1. Amount of Time per Week Spent Listening to Radio

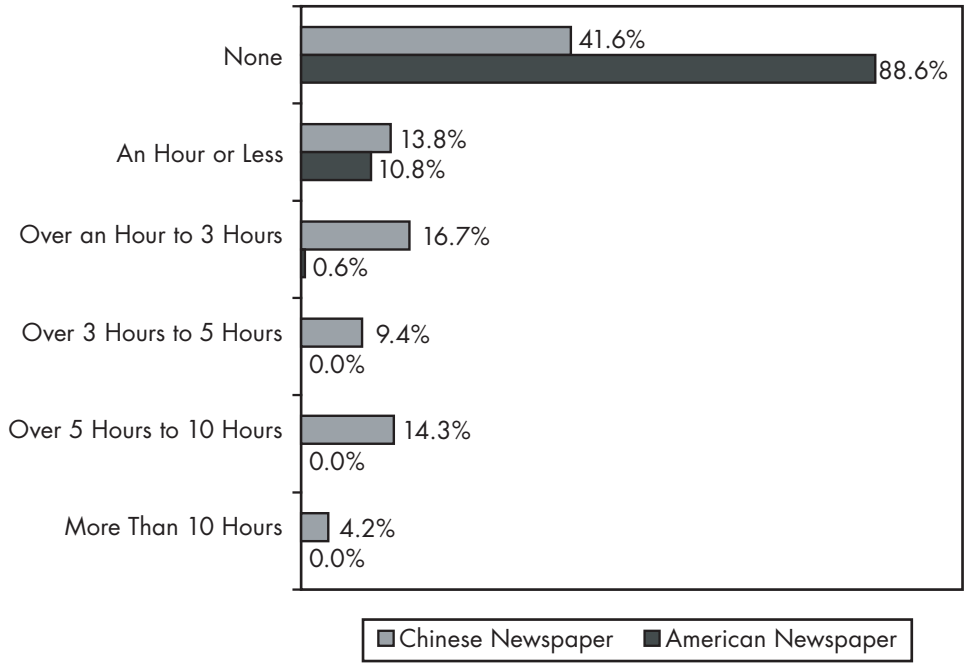


week. Approximately 15.6% listened to more than five hours of Chinese radio per week. Respondents were somewhat more likely to listen to American radio; although 39.2% of respondents reported that they did not listen to American radio at all, another 10.2% listened to some American radio–but less than one hour per week. Approximately 22.4% listened to more than five hours of radio per week.

7.C. Newspaper Behavior

Respondents were also asked about the amount of time each week that they spent reading the newspaper. Generally, use of this form of media was light. As shown in Figure 7.C.1, 41.6% of respondents did not read Chinese newspapers at all, while another 13.8% of respondents spent an hour or less reading Chinese newspapers each week. Just 4.2% of respondents spent more than ten hours per week reading Chinese newspapers. Although respondents did not tend to read Chinese newspapers with great frequency, even fewer respondents read American newspapers.A large majority (88.6%) of respondents reported that they did not read American newspapers at all, while another 10.8% read American newspapers for an hour or less each week. Only 0.6% of respondents reported that they read American newspapers for more than an hour per week.

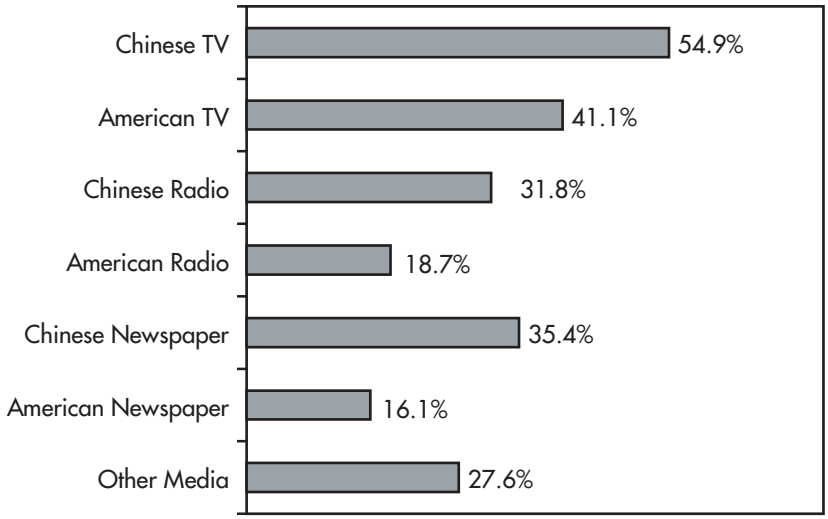
Figure 7.C.1. Amount of Time per Week Spent Reading Chinese Newspapers



7.D. Heard or Seen Anti-Smoking Message

To assess exposure to anti-smoking messages in the media, respondents were asked if they had heard or seen an anti-smoking message in the past 30 days in any of the following types of media: Chinese TV, American TV, Chinese radio, American radio, Chinese newspaper and/or American newspaper. More respondents reported that they had been exposed to anti-smoking messages on Chinese TV (54.9%) and American TV (41.1%) than through any other type of media. Respondents were least likely to have been exposed to an anti-smoking message while reading an American newspaper (16.1%) or listening to American radio (18.7%). These results are summarized in Figure 7.D.1. Note that

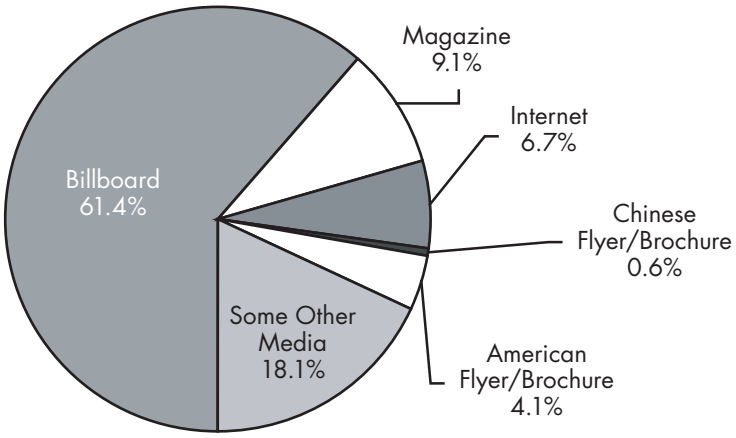
Figure 7.D.1. Percent Exposed to Anti-Smoking Messages in the Past 30 Days



multiple responses to this question were permitted, so these percentages will not sum to 100%.

Figure 7.D.2 shows the statistical breakdown of "other media" presented in Figure 7.D.1 above. Over half (61.4%) of all respondents who reported that they had seen or heard an anti-smoking message in some place other than the TV, radio, or newspaper were referring to a billboard. Magazines, the Internet, and flyers or brochures were included as well.

Figure 7.D.2. Types of "Other Media"

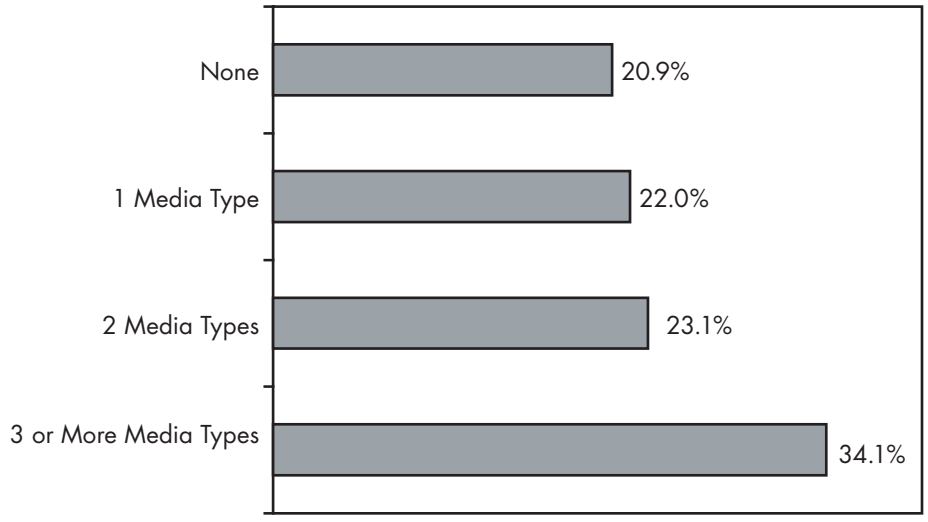


Because respondents were exposed to anti-smoking messages through multiple sources, or "channels," a question of interest is whether the number of channels through which respondents receive anti-smoking messages is associated with differences in attitudes and behaviors. That is, does it make a difference whether respondents receive anti-smoking messages through one channel or multiple channels?

To determine the effects of exposure to anti-smoking messages through multiple channels, a new variable was constructed by summing the number of different media types in which the respondent reported having seen or heard anti-smoking messages. For example, if the respondent reported hearing or seeing anti-smoking messages on Chinese TV, American TV, and in Chinese newspapers within the past 30 days, then the media exposure for that respondent would be "3 or more media types." Conversely, respondents would receive a score of "0" if they reported seeing no anti-smoking messages from any source.

As shown in Figure 7.D.3, 20.9% of respondents who had not been exposed to anti-smoking messages in the media at all; 22% of respondents had seen or heard an anti-smoking message in one type of media while another 23.1% had been exposed to an anti-smoking message in two different types of media. Just over a third (34.1%) of all respondents had seen or heard anti-smoking messages in three or more types of media.

Figure 7.D.3. Extent of Overall Media Exposure to Anti-Smoking Messages



The use of multiple channels appears to have the most impact on exposure for bilingual respondents, as shown in Table 7.D.1. Bilingual respondents were more likely to have been exposed to anti-smoking messages in at least one channel (83.1%) than either assimilated (74.9%) or traditional (78.3%) respondents. Assimilated respondents were less likely than bilingual or traditional respondents to have been exposed to anti-smoking messages in multiple channels; 22.7% of assimilated respondents had seen or heard an anti-smoking message in three or more different types of media, compared to 38.2% of bilingual respondents and 35.9% of traditional respondents. These group differences are statistically significant at $p<0.001$.

Table 7.D.1. Media Exposure to Anti-Smoking Messages by Acculturation

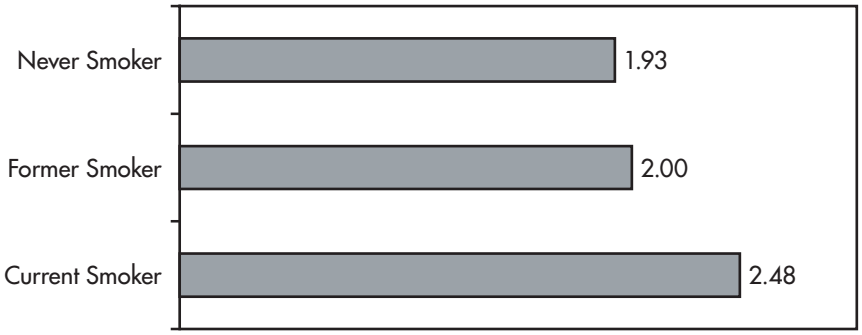
Number of Media Types Containing Anti-Smoking Messages	Acculturation		
	Assimilated	Bilingual	Traditional
None	25.1%	16.9%	21.7%
1 Media Type	32.7%	22.1%	17.8%
2 Media Types	19.5%	22.8%	24.6%
3 or More Media Types	22.7%	38.2%	35.9%
Total	100.0%	100.0%	100.0%

7.E. Relationship Between Viewing Anti-Smoking Message and Smoking Behavior

Ultimately, the desired effect of exposure to anti-smoking messages in the media is a change in attitudes toward smoking and smoking behavior. This section examines the relationship between media exposure to anti-smoking messages and respondents' smoking behavior.

First, Figure 7.E.1 shows the average number of channels through which respondents were exposed to anti-smoking messages as a function of smoking status. There were seven possible types of Chinese and American media through which respondents could have reported being exposed to anti-smoking messages; therefore, the range of possible responses is from zero (no media exposure) to seven (exposure to anti-smoking messages in all media forms).

Figure 7.E.1. Mean Media Exposure to Anti-Smoking Messages by Smoking Status



Current smokers were more likely to report that they had been exposed to anti-smoking messages through multiple channels (mean=2.48) than former smokers (mean=2.00) or never smokers (mean=1.93). Group differences are significant at $p<0.002$. However, it is unclear whether this represents a true difference in exposure between these groups, or a greater tendency on behalf of current smokers to remember seeing anti-smoking messages. Due to skewness in the media exposure variables, the results from this and all following difference of means test were confirmed though nonparametric tests (Kruskal-Wallis and Mann-Whitney).

To see whether this pattern varied as a function of gender, a second analysis was conducted to examine media exposure and smoking status for males and females. Overall, males reported being exposed to anti-smoking messages in more channels (mean=2.06) than females (mean=1.91), however this difference is not statistically significant. Further, a factorial ANOVA reveals an interaction between smoking status and gender, such that males and females reported different levels of exposure as a function of smoking status.

Specifically, for men, current smokers reported being exposed to anti-smoking messages in more types of media (mean=2.62) than never smokers (mean=1.90), $p<0.001$, although the difference between these groups and former smokers (mean=2.18) is not significant (see Figure 7.E.2). However, a different pattern was observed for women; in this case never smokers reported being exposed to anti-smoking messages in more types of media (mean=1.94) than former smokers (mean=1.21), $p < 0.035$; but the difference between these groups and current smokers (mean=1.70) was not significant.

Again, it is unclear whether these differences reflect actual differences in exposure, or a greater tendency on behalf of male smokers in particular to remember seeing the messages. Furthermore, it is important to note that the sample size for female smokers is small, and thus the results of this analysis should be interpreted with some caution.

Because smoking rates also vary considerably as a function of generational status, exposure to anti-smoking messages was examined as a function of generation. Once again, a factorial ANOVA was performed to examine the relationship between generation, smoking status, and number of channels through which respondents were exposed to anti-smoking messages.

This analysis reveals a significant effect for generation such that, overall, first generation respondents reported seeing more anti-smoking messages (mean=2.09) compared to second generation respondents (mean=1.50). Among first generation respondents, current smokers reported seeing more anti-smoking messages (mean=2.62) than never smokers (mean=2.03). In this analysis there are no other significant differences as a function of smoking status, nor is there a significant interaction between generation and smoking status. This means that although there was a difference as a function of generation, the overall pattern of results did not vary as a function of smoking status (see Figure 7.E.3).

The desired effect of exposure to anti-smoking messages in the media is, ultimately, smoking cessation. Two survey questions attempted to measure respondents' quitting behaviors.

First, current smokers were asked whether or not they had attempted to quit smoking or if they would like to quit smoking in the past year. These behaviors were then examined in terms of exposure to anti-smoking messages. Figure 7.E.4 shows current smokers' mean media exposure to anti-smoking

Figure 7.E.2. Mean Media Exposure to Anti-Smoking Messages by Smoking Status by Gender

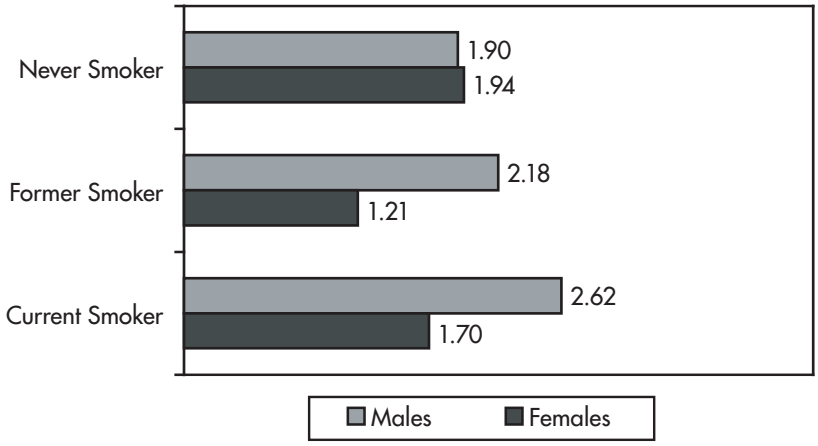


Figure 7.E.3. Mean Media Exposure to Anti-Smoking Messages by Smoking Status by Generation

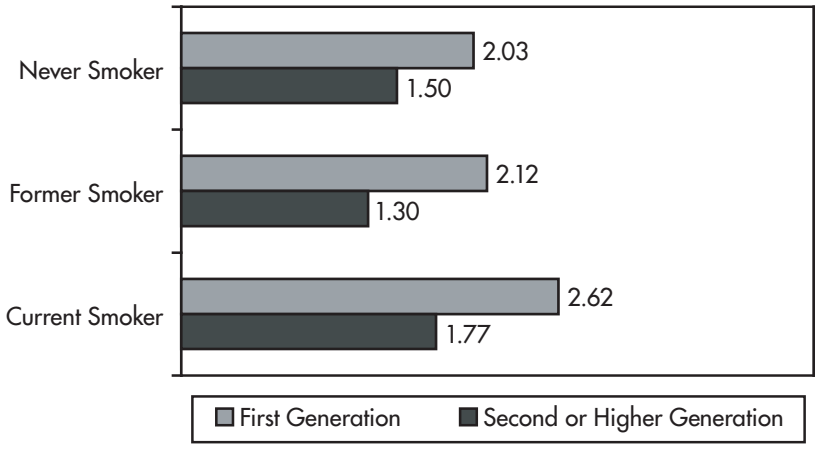
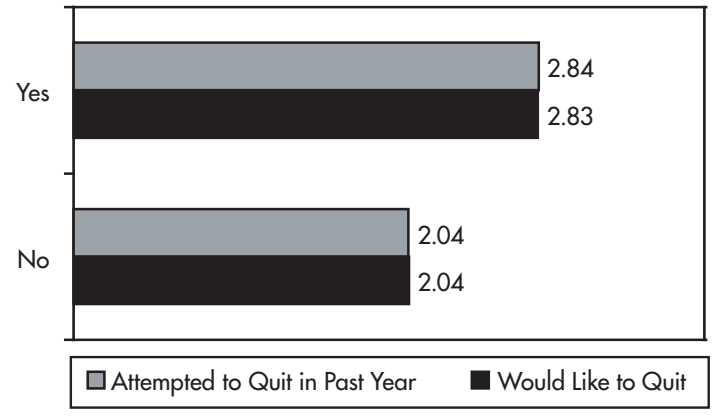


Figure 7.E.4. Mean Media Exposure to Anti-Smoking Messages by Quitting Behavior



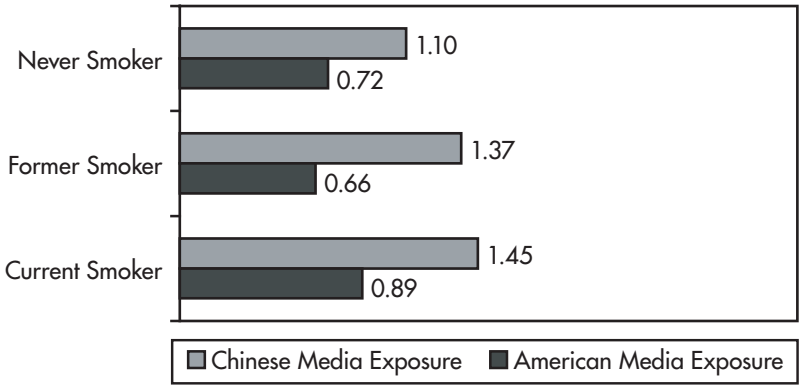
messages by whether or not they had attempted to quit smoking or would like to quit smoking in the past year. A difference of means test (t-test) finds that smokers who had attempted to stop smoking for at least one day in the past year reported being exposed to anti-smoking messages in more types of media (mean=2.84) than smokers who had not attempted to quit (mean=2.04), $p<0.026$. However, it is unclear whether this reflects an actual difference in exposure or a tendency for individuals who have attempted to quit being more likely to remember anti-smoking messages. Similarly, a difference of means test finds that smokers who said that they would like to quit smoking reported being exposed to anti-smoking messages in more types of media (mean=2.83) than smokers who did not want to quit (mean=2.04), $p<0.015$. Still, whether this difference is due to a difference in actual exposure or whether smokers who want to quit are more likely to notice and remember these messages remains unclear.

7.F. Relationship Between Type of Media and Exposure to Anti-Smoking Messages

In California, anti-smoking messages were developed for and employed in both Chinese and American media. This section examines whether there are any differential effects of exposure to anti-smoking messages as a function of these two types of media. That is, what differences may exist as a function of exposure to anti-smoking messages on Chinese versus American media?

To answer this question, the effects of Chinese and American media on smoking behaviors were examined separately. From the overall measure of media exposure used in the preceding analysis, two new measures of exposure were constructed. These Chinese and American media exposure measures each range from zero (exposed to no anti-smoking messages) to three (exposed to anti-smoking messages on TV, on radio, and in newspapers). So if a respondent reported seeing or hearing anti-smoking messages on Chinese TV, Chinese radio, and in the Chinese newspaper within the last 30 days, then that respondent received a score of "3 media types" on this measure.

Figure 7.F.1. Mean Media Exposure to Anti-Smoking Messages by Smoking Status



First, the number of Chinese media sources through which respondents received anti-smoking messages was analyzed as a function of respondents' smoking status. ANOVA indicates that never smokers reported being exposed to anti-smoking messages in fewer types of Chinese media (mean=1.10) than former smokers (mean=1.37) or current smokers (mean=1.45), $p<0.005$ (see Figure 7.F.1). In contrast to the results for Chinese media, ANOVA reveals no significant differences in exposure to anti-smoking messages by smoking status for American media.

Next, exposure to Chinese and American media was examined as a function of gender and generation. First, respondents' mean exposure to anti-smoking messages in Chinese media is presented by smoking status and by gender. Factorial ANOVA reveals there is a significant interaction between smoking status and gender, indicating that the pattern of exposure varies as a function of these two variables.

Specifically, for males, never smokers reported being exposed to anti-smoking messages in fewer types of Chinese media (mean=1.02) than current smokers (mean=1.55) or former smokers (mean=1.54), $p<0.001$. However, for females, it is former smokers who reported being exposed to anti-smoking messages in fewer types of Chinese media (mean=0.47) than never smokers (mean=1.14), $p<0.002$. Thus for males, never smokers had the lowest mean exposure to anti-smoking messages in

Chinese media, while for females, never smokers had the highest mean exposure (see Figure 7.F.2).

Comparatively, another analysis focused only on exposure to anti-smoking messages in American media. Factorial ANOVA once again reveals a significant interaction between gender and smoking status. In this case, for males, current smokers reported being exposed to anti-smoking messages in more types of American media (mean=0.92) than former smokers (mean=0.61), $p<0.022$. For females, however, there were no statistically significant differences in exposure to anti-smoking by smoking status (see Figure 7.F.3).

Next, the differential effects of exposure to anti-smoking messages in Chinese and American media are considered as a function of generation. Figure 7.F.4 presents respondents' mean Chinese media exposure to anti-smoking messages by smoking status and by generational status.

Factorial ANOVA reveals a main effect for generational status such that first generation respondents were likely to recall being exposed to anti-smoking messages in more forms of Chinese media (mean=1.36) than second or higher generation respondents (mean=0.16), $p<0.001$. This analysis does not reveal a significant effect for smoking status, nor is there an interaction between smoking status and generation.

Figure 7.F.4 illustrates that first generation Chinese were much more likely to have been exposed to anti-smoking messages in Chinese media than second or higher generation Chinese, regardless of their smoking status.

Figure 7.F.2. Mean Chinese Media Exposure to Anti-Smoking Messages by Smoking Status by Gender

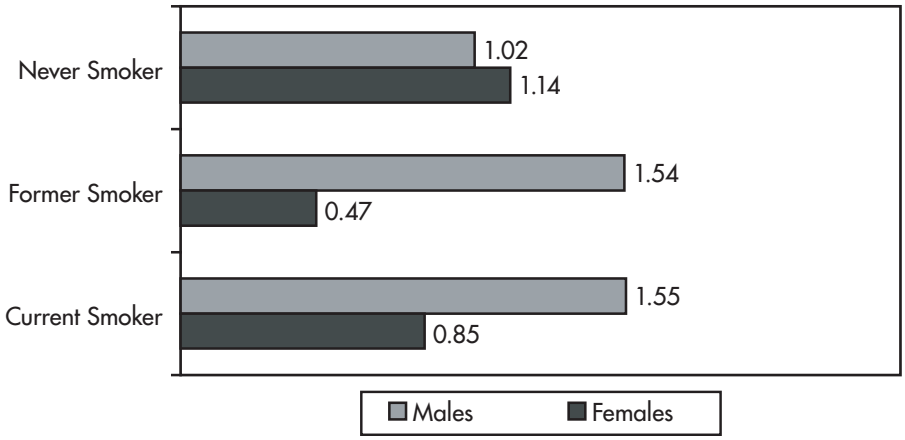


Figure 7.F.3. Mean American Media Exposure to Anti-Smoking Messages by Smoking Status by Gender

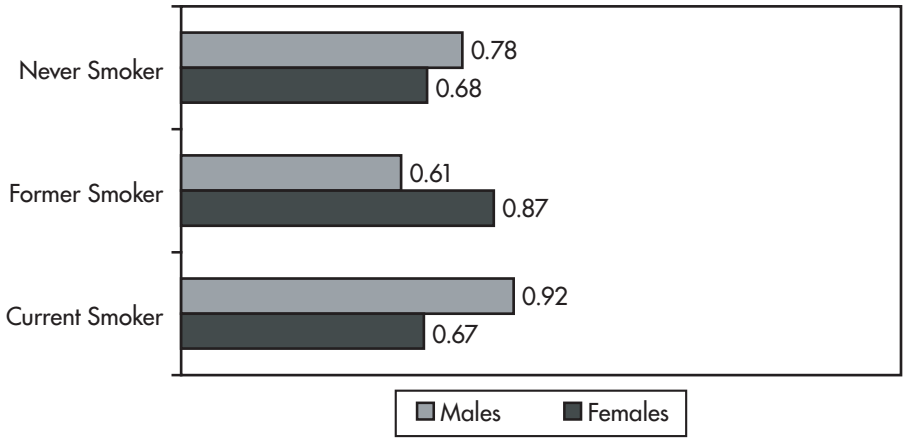
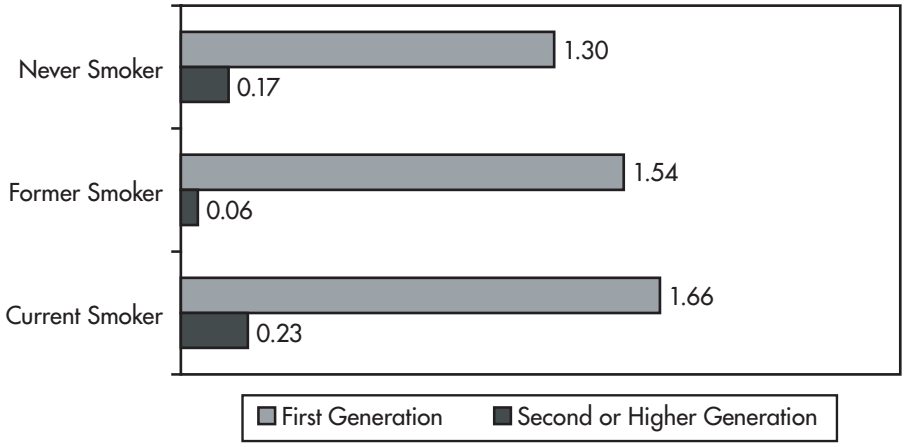
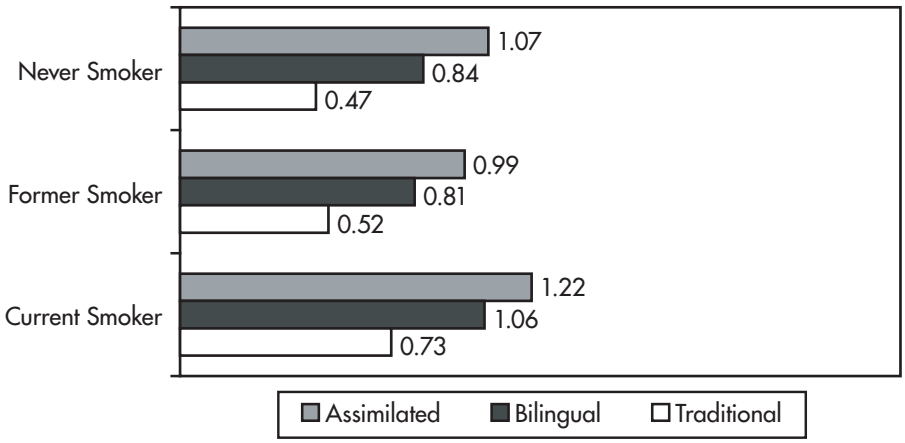


Figure 7.F.4. Mean Chinese Media Exposure to Anti-Smoking Messages by Smoking Status by Generation



Another analysis was performed using the number of exposures to anti-smoking messages in American media as the main dependent variable. Once again, ANOVA reveals a significant effect for generation, but in the opposite direction as is observed for Chinese media. First generation respondents were less likely to report being exposed to anti-smoking messages in the American media (mean=0.65) compared with second or higher generation respondents (mean=1.04), p<0.001. However, this analysis finds no significant differences in exposure to anti-smoking messages in American media by smoking status for either generation.

Figure 7.F.5. Mean American Media Exposure to Anti-Smoking Messages by Smoking Status by Generation

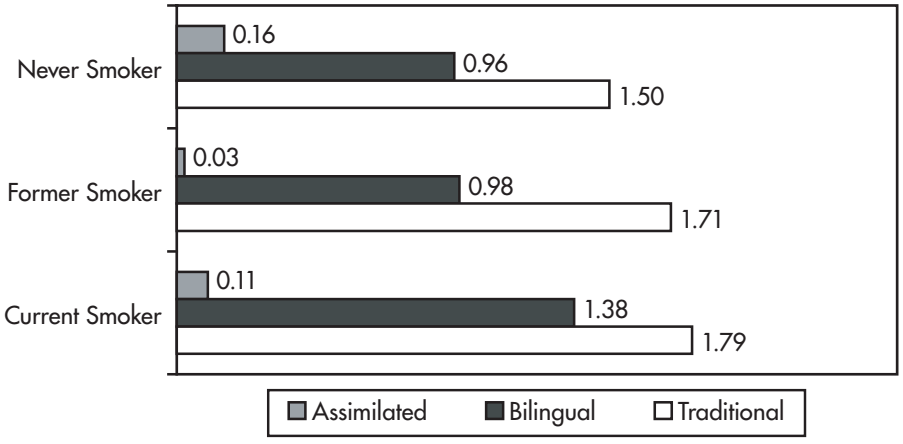


The results of this analysis are presented in Figure 7.F.5. This figure reveals the opposite pattern observed in Figure 7.F.4–here, second or higher generation Chinese were more likely to have been exposed to anti-smoking messages in American media, regardless of their smoking status. These results could indicate a language fluency effect. For example, second and higher generation respondents were more likely to be fluent in English and thus more likely to see and recall messages from American media.

It is to be expected that exposure to Chinese and American media is likely to vary along with the respondents' level of acculturation. So, exposure to anti-smoking messages as a function of media type (Chinese or American) was also examined as a function of acculturation.

First, considering exposure to Chinese media sources, a factorial ANOVA indicates, overall, traditional respondents were most likely to be exposed to Chinese media (mean=1.56), followed by bilingual respondents (mean=0.99). Assimilated respondents were least likely to report being exposed to anti-smoking messages in Chinese media (mean=0.15). These group means are significantly different at p<0.001. Notably, this pattern does not vary as a function of smoking status, as can be seen in Figure 7.F.6.

Figure 7.F.6. Mean Chinese Media Exposure to Anti-Smoking Messages by Acculturation and Smoking Status



In terms of exposure to anti-smoking messages in American media, a different pattern is observed. In this case, assimilated (mean=1.07) and bilingual (mean=0.85) respondents were most likely to remember seeing anti-smoking messages in American media. These groups differ significantly from each other at p<0.002. Both are significantly higher than traditional respondents (mean=0.50), a statistically significant difference at p<0.001. Once again, there is no interaction with smoking status, mean-

ing this pattern does not vary significantly for never, former, or current smokers (see Figure 7.F.7).

An additional analysis was performed to examine the relative effects of exposure to anti-smoking messages in Chinese and American media on respondents' reported interest in quitting and attempts to quit.

First, considering current smokers' attempts to quit, difference of means tests (t-tests) find that smokers who had attempted to quit smoking for at least one day in the past year reported being exposed to anti-smoking messages in more types of Chinese media (mean=1.67) than smokers who had not attempted to quit (mean=1.19), $p<0.030$. However, no such group difference is found in exposure to anti-smoking messages in American media. These results are presented in Figure 7.F.8

Considering whether or not respondents would like to quit, difference of means tests (t-tests) uncover no significant differences in exposure to anti-smoking messages in Chinese media between smokers who would like to quit and those who would not. However, smokers who wanted to quit smoking reported being exposed to anti-smoking messages in more types of American media (mean=1.08) than smokers who do not want to quit (mean=0.57), $p<0.002$ (see Figure 7.F.9).

Figure 7.F.7. Mean American Media Exposure to Anti-Smoking Messages by Acculturation and Smoking Status

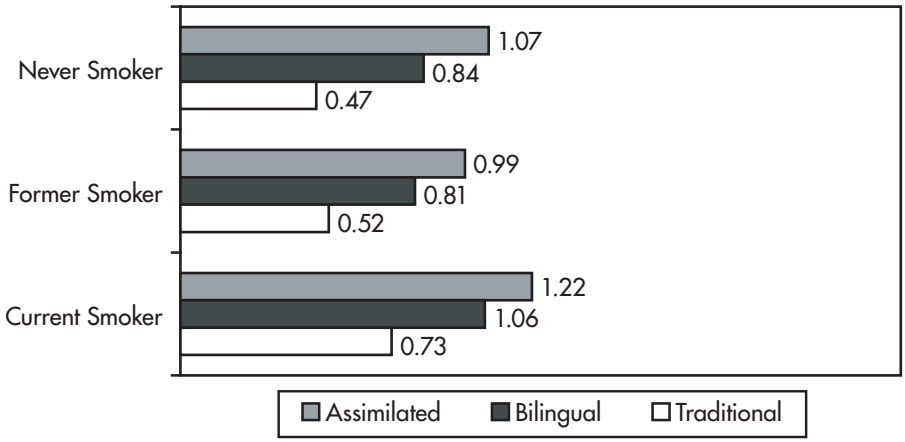


Figure 7.F.8. Mean Chinese and American Media Exposure to Anti-Smoking Messages by Attempt to Quit

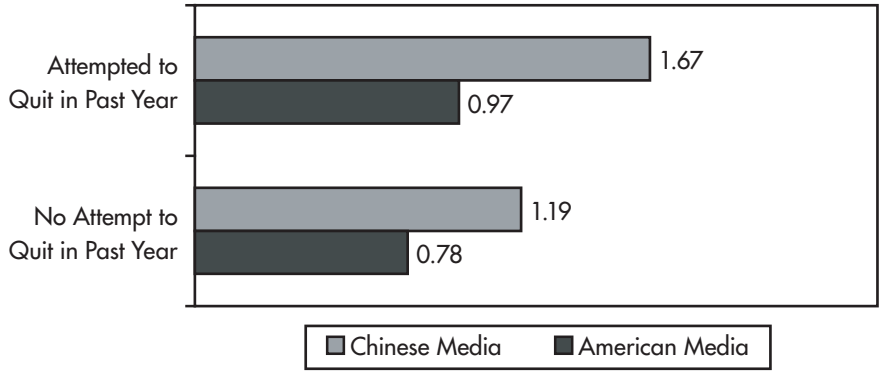
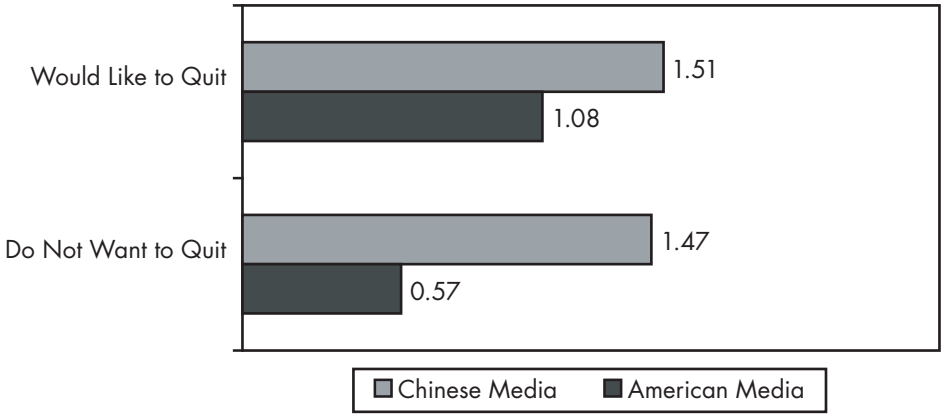


Figure 7.F.9. Mean Chinese and American Media Exposure to Anti-Smoking Messages by Wanting to Quit



Chapter 8 Attitudes And Knowledge

Finally, a series of survey questions asked respondents about their attitudes toward smoking. Several questions addressed current smokers' attitudes about their own smoking behaviors. Additional questions investigated respondents' opinions about the potential dangers of tobacco smoke as well as their beliefs and opinions about the TI and advertising of tobacco products.

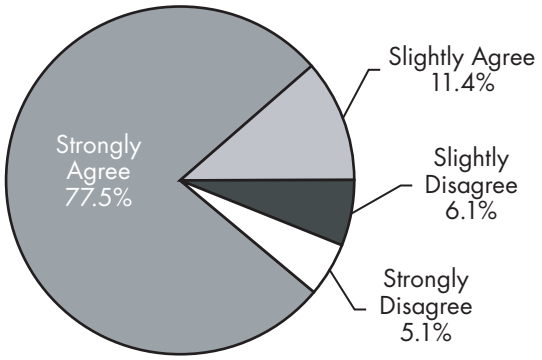
8.A. Current Smoker Attitudes

Current smokers were asked to report whether they strongly agreed, slightly agreed, slightly disagreed, or strongly disagreed to four statements about their present smoking behaviors.

My smoking is harming my own health.

Shown in Figure 8.A.1, over three quarters (77.5%) of all current smokers strongly agreed that smoking was harming their own health, while 11.4% slightly agreed. Only 11.2% of current smokers slightly or strongly disagreed with this statement.

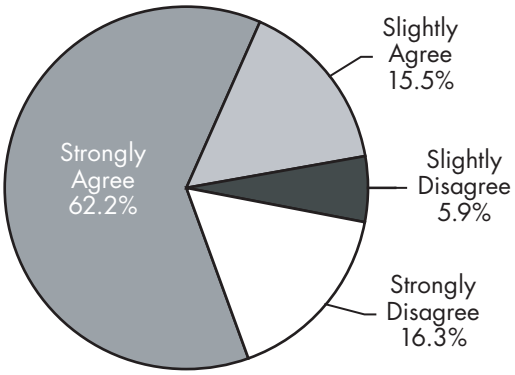
Figure 8.A.1. Current Smokers' Attitudes About Harmfulness of Smoking



I believe that I am addicted to cigarettes.

In Figure 8.A.2, 62.2% of current smokers strongly agreed that they were addicted to cigarettes, while 15.5% slightly agreed. The other 22.2% either slightly disagreed or strongly disagreed with the statement.

Figure 8.A.2. Current Smokers' Attitudes About Addiction to Cigarettes



My family would prefer that I didn't smoke.

Almost all current smokers strongly agreed (90.4%) or slightly agreed (6.3%) that their families would prefer they stop smoking. Only 3.2% either slightly disagreed or strongly disagreed with the statement. This is shown in Figure 8.A.3.

My friends and colleagues would prefer that I didn't smoke.

While a large majority of smokers strongly agreed that their families would prefer that they stop smoking (see Figure 8.A.3), only 39.7% of current smokers strongly agreed that their friends and colleagues would prefer that they did not smoke; 29.8% slightly agreed. Another 17.7% slightly disagreed while the remaining 12.8% strongly disagreed with the statement. This is illustrated in Figure 8.A.4.

Figure 8.A.4. Current Smokers' Opinion of Friends' Wishes About Respondents' Smoking

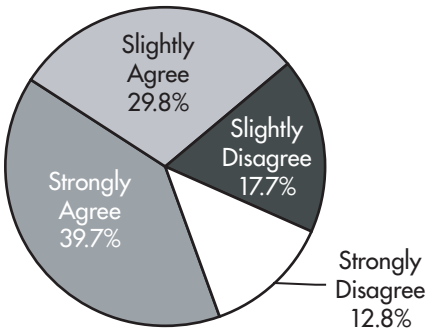
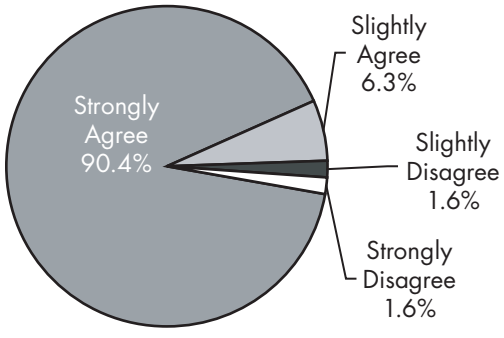


Figure 8.A.3. Current Smokers' Opinion of Families' Wishes About Respondents' Smoking



As shown in Figure 8.A.5, male and female smokers have similar attitudes about the harmfulness of smoking. More males than females strongly agreed that smoking is harming their own health (78.1% vs. 68.8%); however, overall, 89% of males and 87.6% of females either strongly or slightly agreed that smoking is harmful to their own health.

Figure 8.A.6 clearly illustrates a gender difference in smokers' attitudes about their addiction to cigarettes: males were more likely to believe they were addicted to cigarettes than females. While 66.9% of males strongly agreed that they were addicted to cigarettes, only 25% of females strongly agreed. Half of all female smokers (50%) strongly disagreed that they were addicted to smoking cigarettes.

Both males and females generally agreed that their families wished they would stop smoking; 90.8% of males and 86.7% of females strongly agreed that their family would prefer that they not smoke. This is presented in Figure 8.A.7.

Figure 8.A.5. Current Smokers' Attitudes About Harmfulness of Smoking by Gender

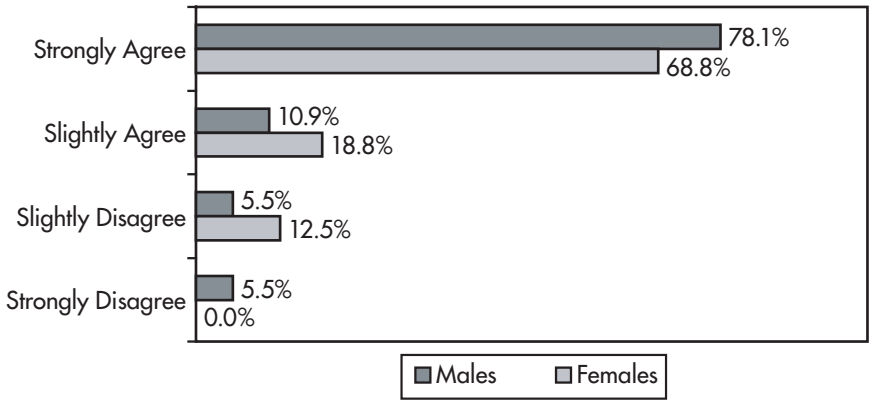


Figure 8.A.6. Current Smokers' Attitudes About Addiction to Cigarettes by Gender

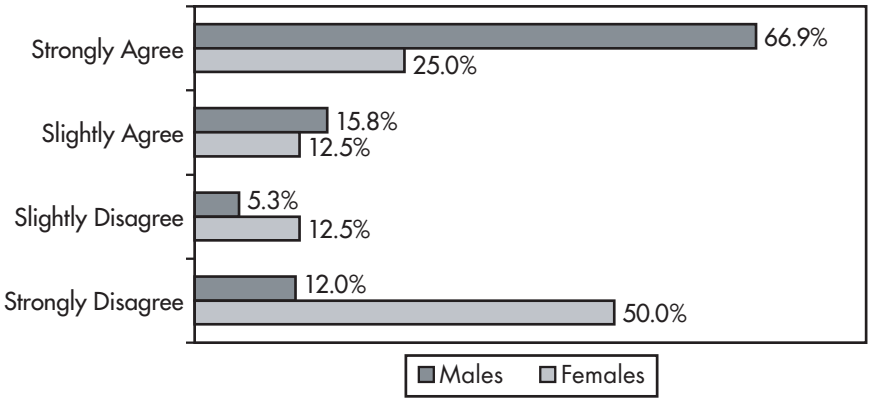
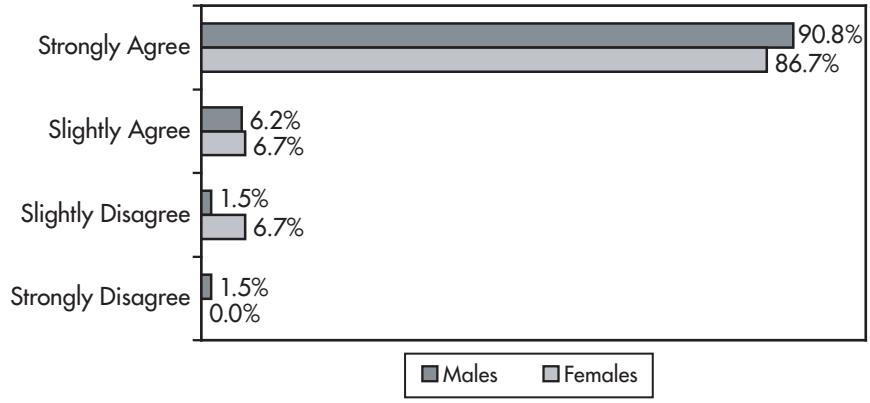


Figure 8.A.7. Current Smokers' Opinion of Families' Wishes About Respondents' Smoking by Gender



Overall, current smokers were more likely to indicate that their families wished they would quit smoking compared with their friends (see Figures 8.A.3 and 8.A.4). Examining this question by gender however, reveals that females were more likely than males to believe that their friends wished they would stop smoking. While 80% of females either strongly agreed or slightly agreed that their friends would prefer that they not smoke, only 68.4% of males strongly agreed or slightly agreed (see Figure 8.A.8).

Current smokers' attitudes about smoking were also examined as a function of generational status. Second or higher generation smokers were somewhat more likely to strongly agree that smoking was harmful to their own health (83.3%) than first generation smokers (77.4%), while 5.6% of first generation smokers and 0% of second or higher generation smokers strongly disagreed. It appears, however, that there are no substantial differences in smokers' attitudes about the harmfulness of smoking by generational status (see Figure 8.A.9).

First generation smokers were more likely to strongly agree that they are addicted to cigarettes than second or higher generation smokers; 64.6% of first generation smokers and only 47.4% of second or higher generation smokers strongly agreed that they were addicted to smoking. Overall, 79.2% of first generation smokers and 68.5% of second or higher generation smokers either strongly or slightly agreed that they were addicted to smoking cigarettes. These results are presented in Figure 8.A.10.

Figure 8.A.8. Current Smokers' Opinion of Friends' Wishes About Respondents' Smoking by Gender

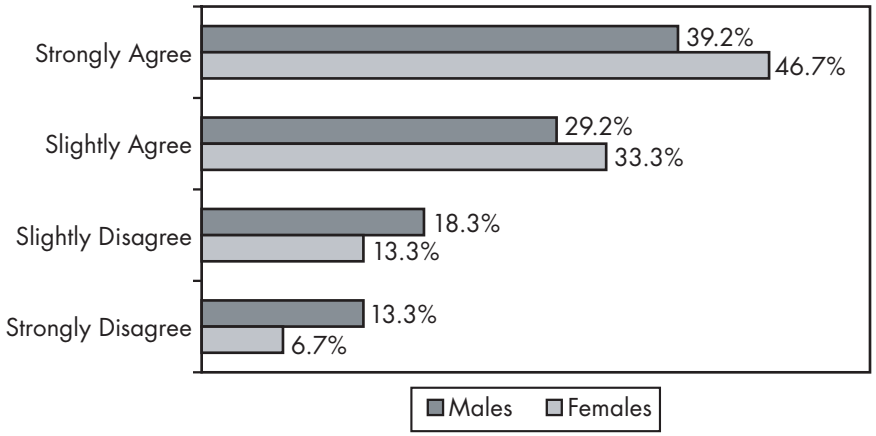


Figure 8.A.9. Current Smokers' Attitudes About Harmfulness of Smoking by Generation

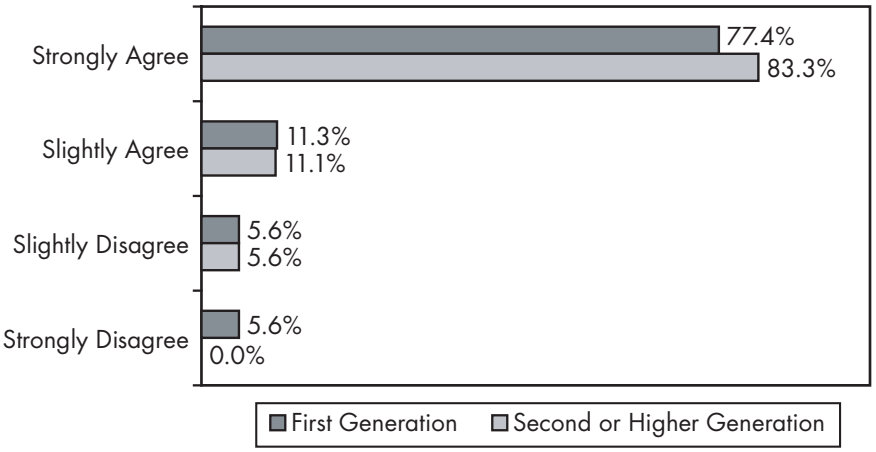
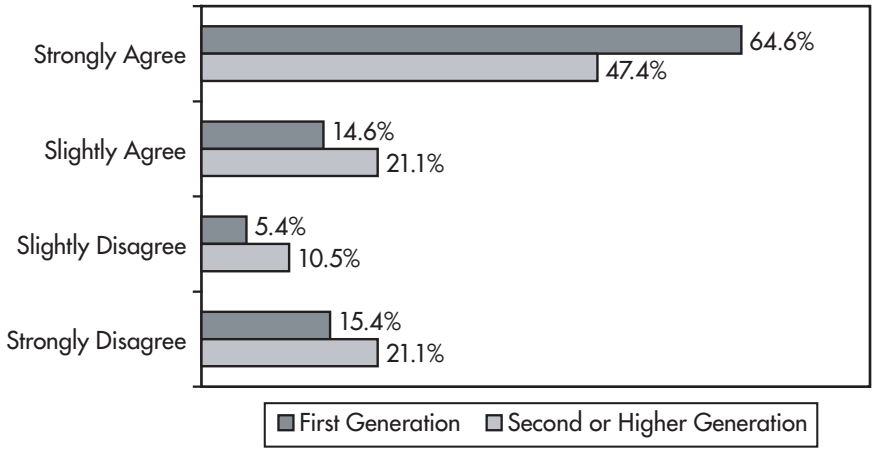


Figure 8.A.10. Current Smokers' Attitudes About Addiction to Cigarettes by Generation



Both first and second or higher generation smokers were almost equally likely to strongly agree that their families wish they would stop smoking (91.3% and 88.9% respectively). However, second or higher generation smokers were more likely to disagree that their families wished they would quit smoking. While only 1.6% of first generation smokers either slightly or strongly disagreed that their family would prefer that they stop smoking, 11.2% of second or higher generation smokers either slightly or strongly disagreed. These results are summarized in Figure 8.A.11.

Although first generation and second or higher generation smokers were almost equal in overall agreement that their friends would like them to stop smoking (69.2% and 73.7% respectively), first generation smokers were more likely to strongly agree that their friends wish they would stop smoking (42.7%) than second or higher generation smokers (21.1%); 52.6% of second or higher generation smokers slightly agree that their friends would prefer that they stop smoking, compared to 26.5% of first generation smokers. This is presented in Figure 8.A.12.

Figure 8.A.11. Current Smokers' Opinion of Families' Wishes About Respondents' Smoking by Generation

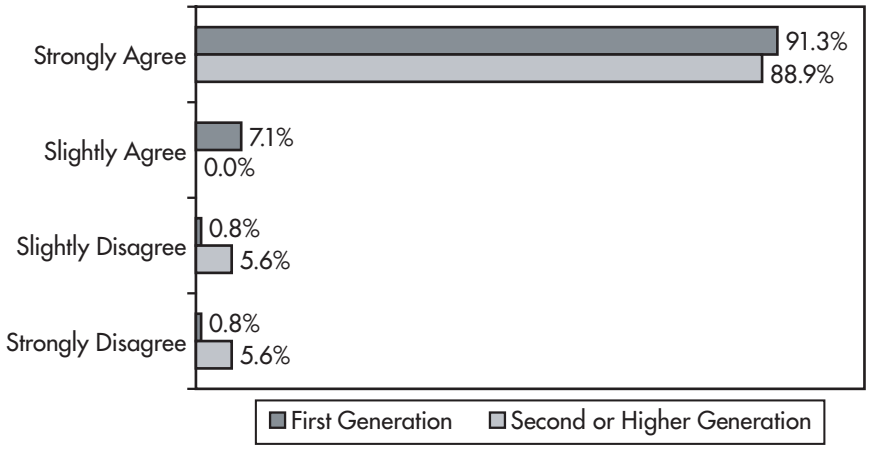
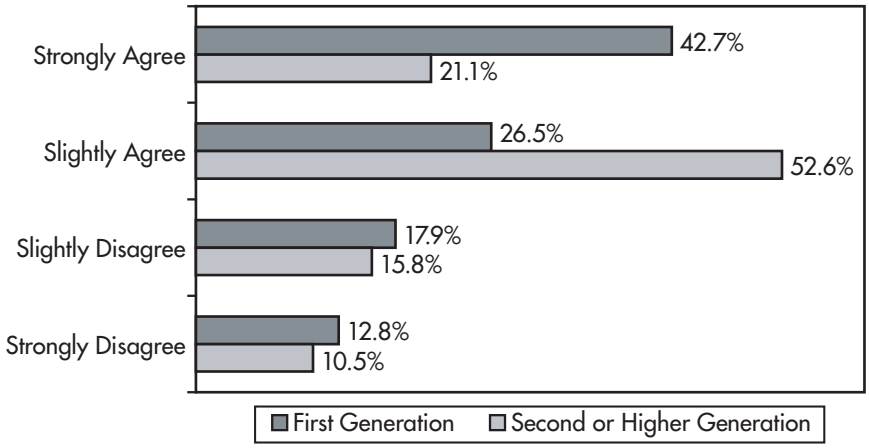


Figure 8.A.12. Current Smokers' Opinion of Friends' Wishes About Their Smoking by Generation



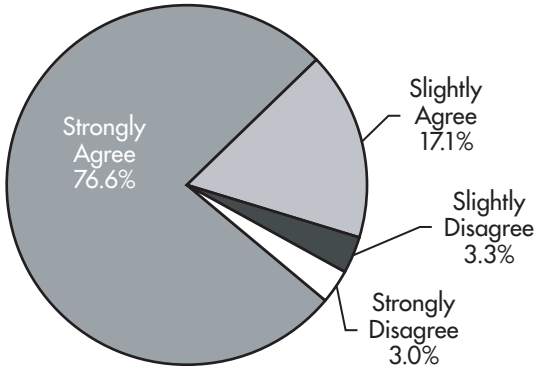
8.B. Respondents' Attitudes About Smoking

In Section 8.B, the attitudes of all respondents (not just current smokers) are examined. Respondents were asked to report whether they strongly agreed, slightly agreed, slightly disagreed, or strongly disagreed with each of the following statements:

> *Inhaling smoke from someone else's cigarette causes lung cancer in a nonsmoker.*

Figure 8.B.1 shows that just over three-quarters (76.6%) of all respondents strongly agreed that SHS causes lung cancer in nonsmokers. Another 17.1% slightly agreed, while 3.3% slightly disagreed and 3% strongly disagreed with the statement. The overall agreement for respondents is 93.7%, which is even higher than the agreement reported for all California residents (83.6%) in the 2002 CTS.

Figure 8.B.1. Respondents' Attitudes About Harmfulness of Secondhand Smoke



Inhaling smoke from someone else's cigarette harms the health of babies and children.

Almost all respondents strongly agreed (91.2%) or slightly agreed (6.6%) that SHS was harmful to babies and children, with only 1.3% slightly disagreeing and 0.8% strongly disagreeing. This is shown in Figure 8.B.2.

If a woman smokes when pregnant, it will harm the health of her baby.

Again, almost all respondents strongly agreed (94.2%) or slightly agreed (4.4%) that if a woman smokes when pregnant, it will harm the health of her baby. Only 0.9% slightly disagreed, while 0.5% strongly disagreed with the statement. This is illustrated in Figure 8.B.3.

I prefer to eat in restaurants that are smoke-free.

As shown in Figure 8.B.4, most respondents (84.2%) strongly agreed that eating at a smoke-free restaurant was preferable to eating at a restaurant that was not smoke-free; 8.4% slightly agreed, 3.8% slightly disagreed, and 3.6% strongly disagreed that smoke-free restaurants were preferable to restaurants that allowed smoking.

Tobacco advertising encourages young people to start smoking.

Only slightly more than a third (33.9%) of respondents strongly agreed that tobacco advertising encourages young people to start smoking, while an almost equal number of respondents (32.6%) strongly disagreed. Of those respondents who neither strongly agreed nor strongly disagreed, 20.2% slightly agreed and 13.4% slightly disagreed that tobacco advertising encourage young people to smoke. This is shown in Figure 8.B.5.

Figure 8.B.2 Respondents' Attitudes About Harmfulness of Secondhand Smoke for Babies and Children

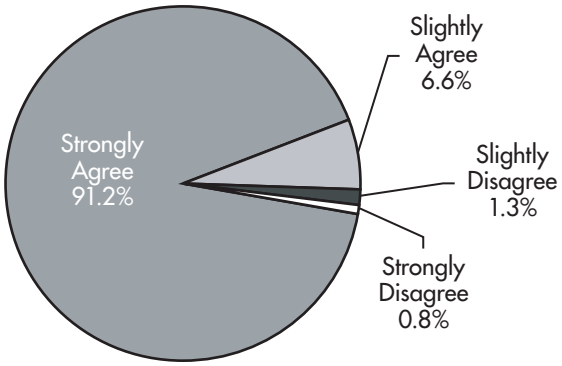


Figure 8.B.3. Respondents' Attitudes About Harmfulness of Smoking When Pregnant

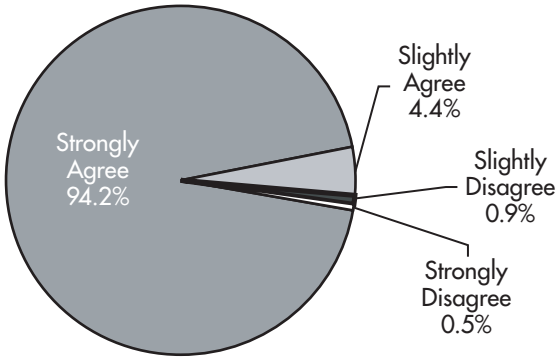


Figure 8.B.5. Respondents' Belief that Tobacco Advertising Encourages Youth to Smoke

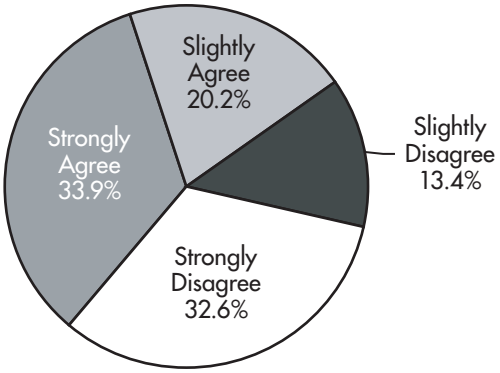
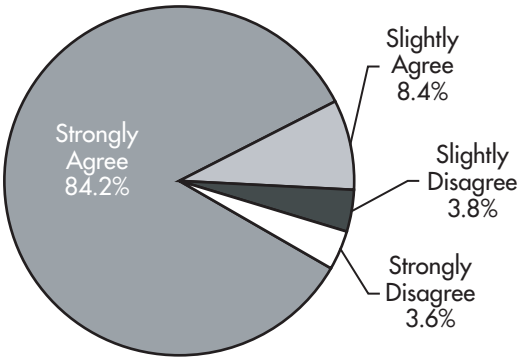


Figure 8.B.4. Respondents' Attitudes About Preferring to Eat in Smoke-Free Restaurants



Tobacco companies can lower the nicotine content of tobacco products.

In Figure 8.B.6, 44.5% of respondents strongly agreed and 25.1% slightly agreed that tobacco companies can lower the nicotine content of tobacco products. The other 30.4% of respondents either slightly disagreed (9.0%) or strongly disagreed (21.4%) with the statement.

Tobacco is not as addictive as other drugs such as heroin or cocaine.

Respondents recognized the strong addictive properties of tobacco. Almost half (48.7%) of all respondents strongly disagreed that tobacco is not as addictive as other drugs such as heroin or cocaine, while 13.3% slightly disagreed. The remaining 38% either slightly agreed (18.9%) or strongly agreed (19.1%) that tobacco was not as addictive as other drugs. This is shown in Figure 8.B.7.

Smoking cigarettes is a symbol of independence.

In Figure 8.B.8, most respondents did not agree that smoking was a symbol of independence; 69.4% strongly disagreed and 12.5% slightly disagreed that smoking cigarettes was a symbol of independence, while only 9.2% slightly agreed and 8.8% strongly agreed with the statement.

TI advertising at cultural and sporting events should be banned.

A majority of respondents supported the idea of banning tobacco advertising at cultural and sporting events. A little more than two-thirds of respondents (66.9%) strongly agreed that TI advertising at cultural and sporting events should be banned while another 15.6% slightly agreed. Only 17.5% disagreed and believed that tobacco advertising should not be banned at public events.

Figure 8.B.6. Respondents' Attitudes About Tobacco Companies' Ability to Lower the Amount of Nicotine in Tobacco Products

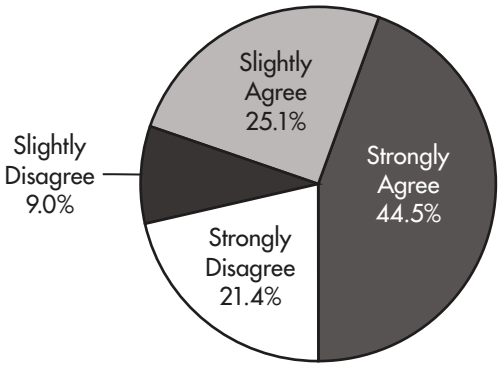


Figure 8.B.7. Respondents' Attitudes About Tobacco as Less Addictive Than Other Drugs

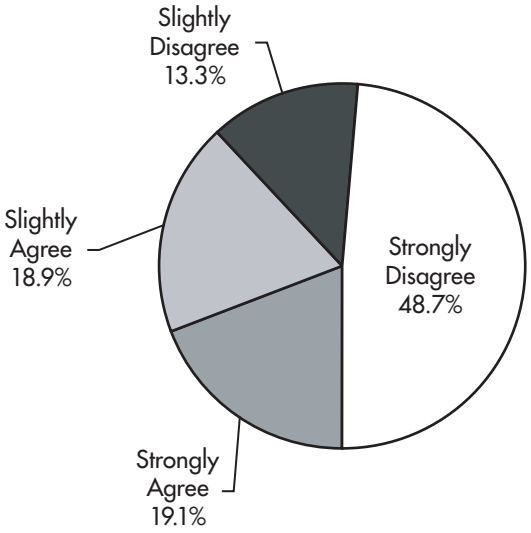


Figure 8.B.8. Respondents' Attitudes About Cigarettes as a Symbol of Independence

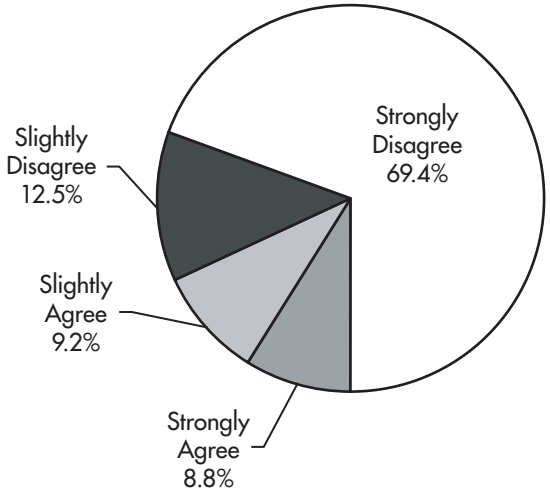
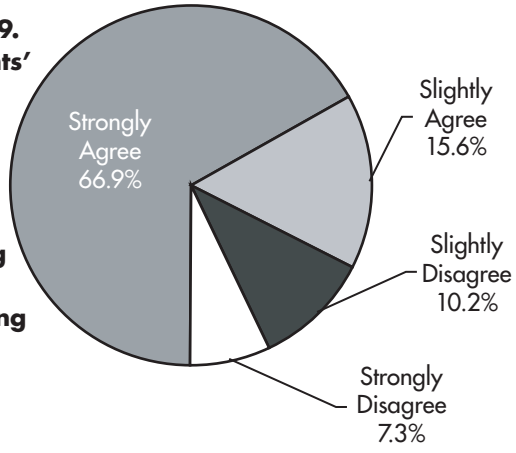


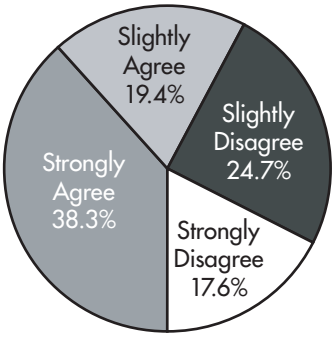
Figure 8.B.9. Respondents' Attitudes About Banning Tobacco Industry Advertising at Cultural and Sporting Events



The production and sale of cigarettes should not be a legitimate business.

Respondents were somewhat divided in their feelings on the legitimacy of tobacco production and sales, as illustrated in Figure 8.B.10. While 38.3% strongly agreed and 19.4% slightly agreed that the production and sale of cigarettes should not be a legitimate business, 17.6% strongly disagreed and 24.7% slightly disagreed.

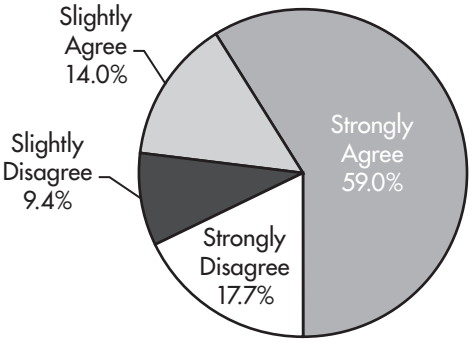
Figure 8.B.10. Respondents' Attitudes About Tobacco Production and Sales Not Being a Legitimate Business



TI spokespersons mislead the public when they say tobacco is not addictive.

As shown in Figure 8.B.11, 59% of respondents strongly agreed and 14% slightly agreed that TI spokespersons mislead the public when they say that tobacco is not addictive. However, 17.7% strongly disagreed and 9.4% slightly disagreed and believe that tobacco spokespersons are not misleading the public by saying that tobacco is not addictive.

Figure 8.B.11. Respondents' Attitudes About Tobacco Industry Spokespersons Misleading the Public



If a person smokes only five cigarettes per day, their chance of getting cancer is about the same as someone who never smokes.

In Figure 8.B.12, 54.9% of respondents strongly disagreed and 19.1% slightly disagreed with the statement above. Just over a quarter (26%) of all respondents either slightly agreed (11.9%) or strongly agreed (14.1%) that a person who only smokes five cigarettes per day has the same chance of getting cancer as someone who never smokes.

Each of these attitude questions was examined as a function of gender. First, regarding the harmfulness of SHS, males and females do not significantly differ (at the $p<0.05$ level) in their attitudes about the harmfulness of SHS (see Figure 8.B.13).

Figure 8.B.13. Respondents' Attitudes About Harmfulness of Secondhand Smoke by Gender

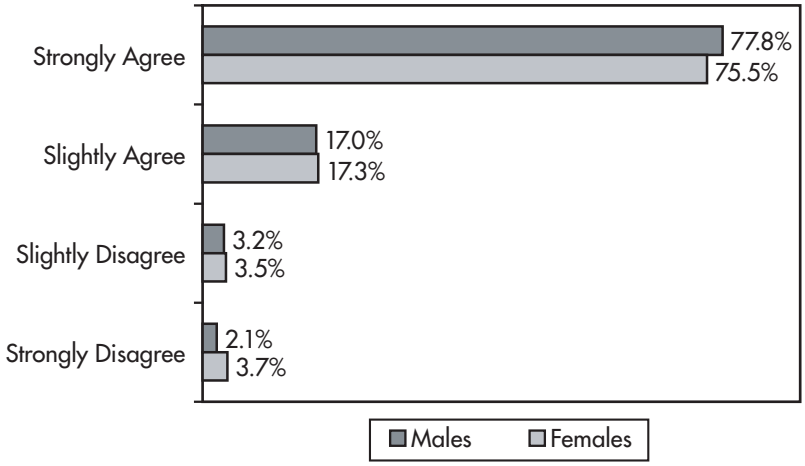
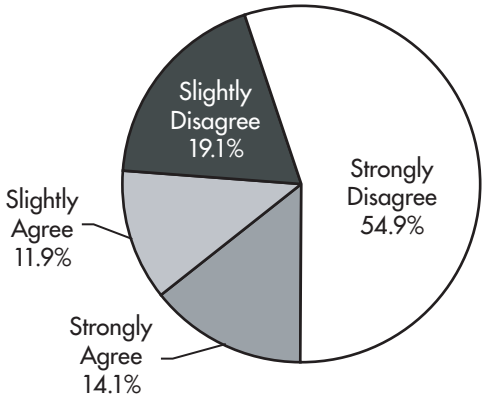


Figure 8.B.12. Respondents' Attitudes About the Risk of Cancer When Smoking Only a Few Cigarettes per Day



As shown in Figure 8.B.14, males and females do not significantly differ in their attitudes about the harmfulness of SHS for babies and children.

In terms of beliefs about the harmfulness of smoking while pregnant, there is no significant difference in males' and females' attitudes. These results are shown in Figure 8.B.15.

Although the males' and females' attitudes about eating in smoke-free restaurants are statistically significantly different ($p<0.02$), the substantive difference is quite small; 83.2% of males and 85.2% of females strongly agreed that they prefer to eat in a smoke-free restaurant. This is shown in Figure 8.B.16.

Figure 8.B.14. Respondents' Attitudes About Harmfulness of Secondhand Smoke for Babies and Children by Gender

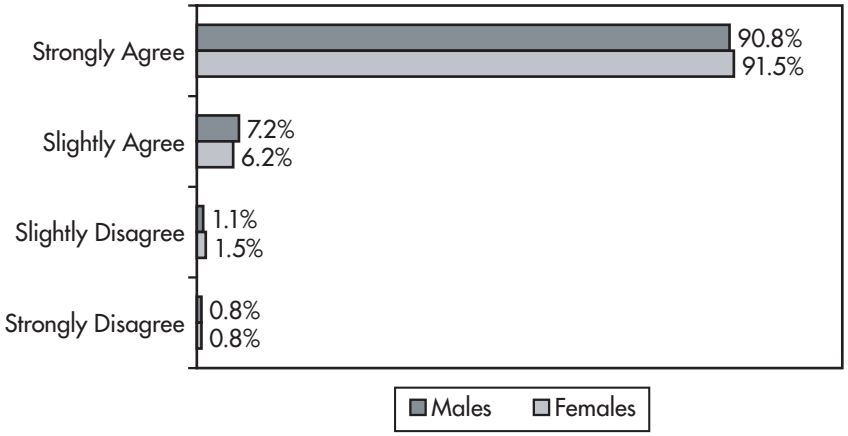


Figure 8.B.15. Respondents' Attitudes About Harmfulness of Smoking When Pregnant by Gender

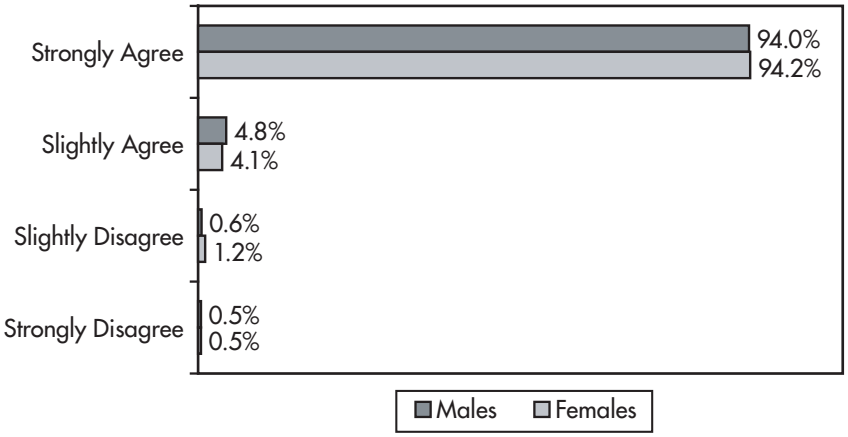
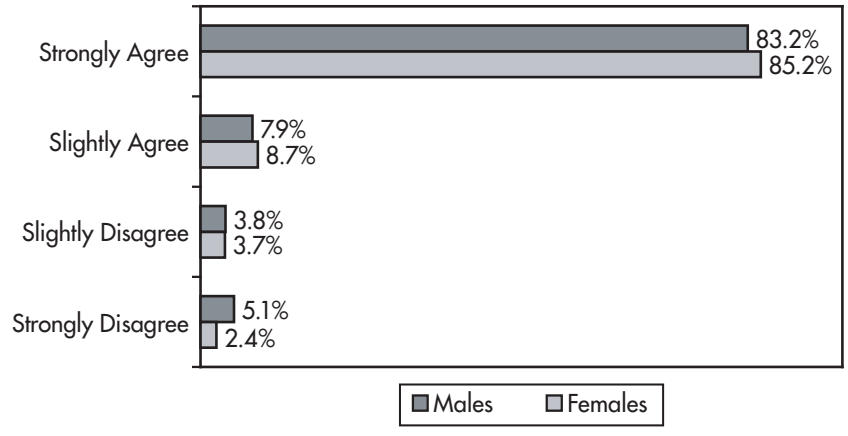


Figure 8.B.16. Respondents' Attitudes About Preferring to Eat in Smoke-Free Restaurants by Gender



Overall, respondents were split in terms of their beliefs about whether tobacco advertising encourages young people to start smoking. As shown in Figure 8.B.17, males and females do not significantly differ in their attitudes about tobacco advertising and its effect on young people.

There are some differences, however, in males' and females' beliefs about whether tobacco companies could lower the amount of nicotine in their products. The difference in males' and females' attitudes about the amount of nicotine in tobacco products presented in Figure 8.B.18, although significantly different at the $p<0.05$ level, are not substantively large; 43.8% of males and 45.2% of females strongly agreed that tobacco companies could lower the amount of nicotine in their products.

Males were more likely than females to strongly agree that tobacco is not as addictive as other drugs such as heroin or cocaine (see Figure 8.B.19). While 22.4% of males strongly agreed that tobacco is not as addictive as other drugs, only 16.1% of females strongly agreed with the statement. This gender difference is statistically significant, $p<0.001$.

Figure 8.B.17. Respondents' Belief that Tobacco Advertising Encourages Youth to Smoke by Gender

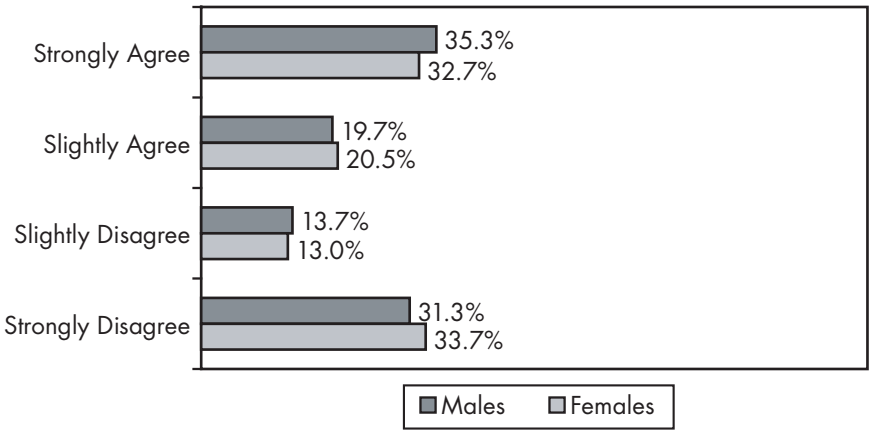


Figure 8.B.18. Respondents' Attitudes About Tobacco Companies' Ability to Lower the Amount of Nicotine in Tobacco Products by Gender

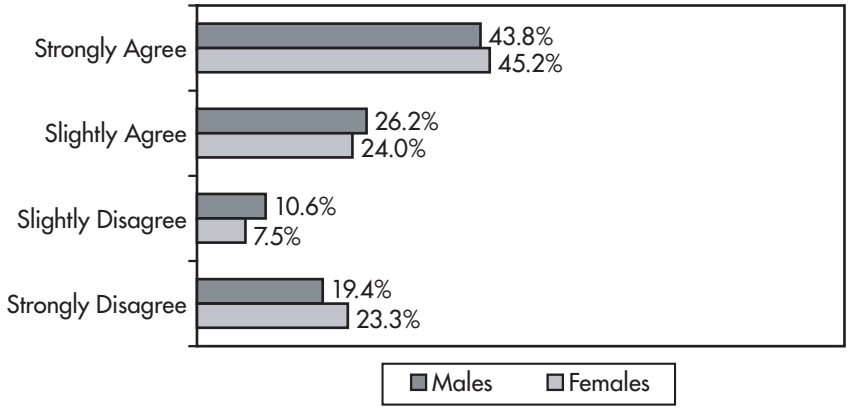
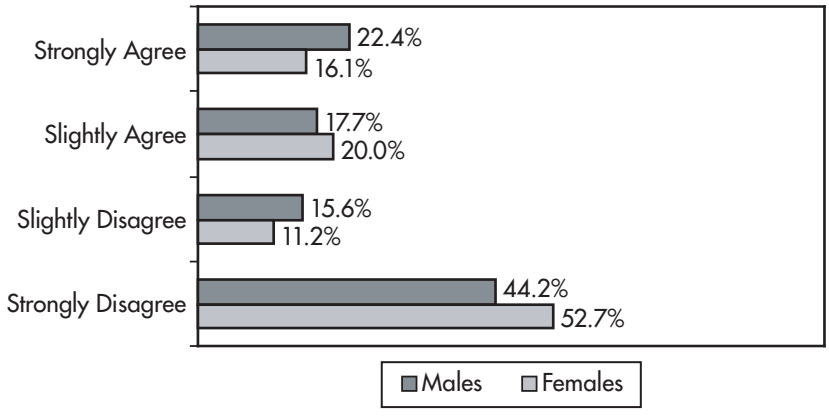


Figure 8.B.19. Respondents' Attitudes About Tobacco as Less Addictive Than Other Drugs by Gender



Females were significantly more likely than males to strongly disagree that smoking cigarettes is a symbol of independence, $p<0.001$ (see Figure VIII.B.20). Almost three quarters of all females (74.4%) strongly disagreed that smoking cigarettes was a symbol of independence; 63.6% of males strongly disagreed with the statement.

Males' and females' attitudes regarding TI advertising at cultural and sporting events tends to be similar. There is no significant difference in males' and females' attitudes, with over 80% of both males and females in favor of a ban on tobacco advertising at cultural and sporting events. These results are shown in Figure 8.B.21.

In Figure 8.B.22, males and females significantly differed in their attitudes about the legitimacy of the TI ($p<0.001$), with females more likely to agree that the production and sale of cigarettes should not be a legitimate business. While 42.8% of females strongly agreed that the production and sale of tobacco products should not be a legitimate business, only 33.1% of males strongly agreed.

Figure 8.B.20. Respondents' Attitudes About Cigarettes as a Symbol of Independence by Gender

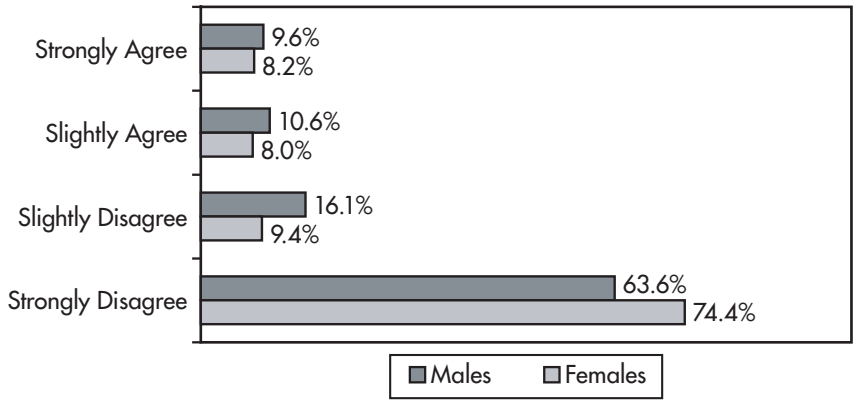


Figure 8.B.21. Respondents' Attitudes About Banning Tobacco Industry Advertising at Cultural and Sporting Events by Gender

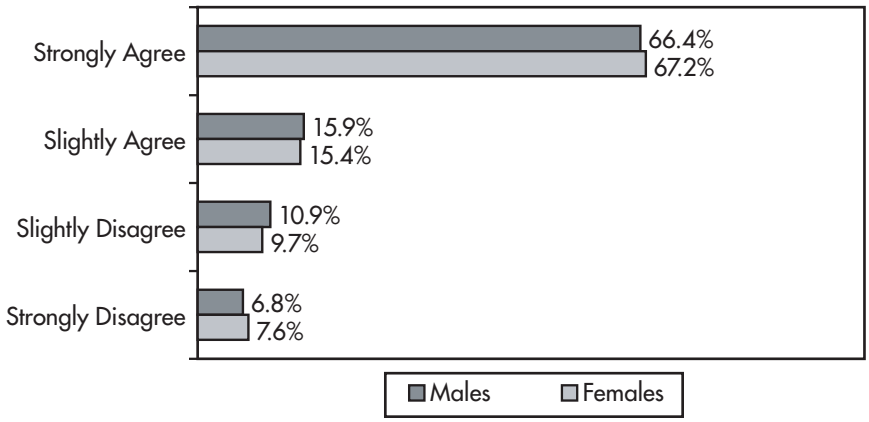
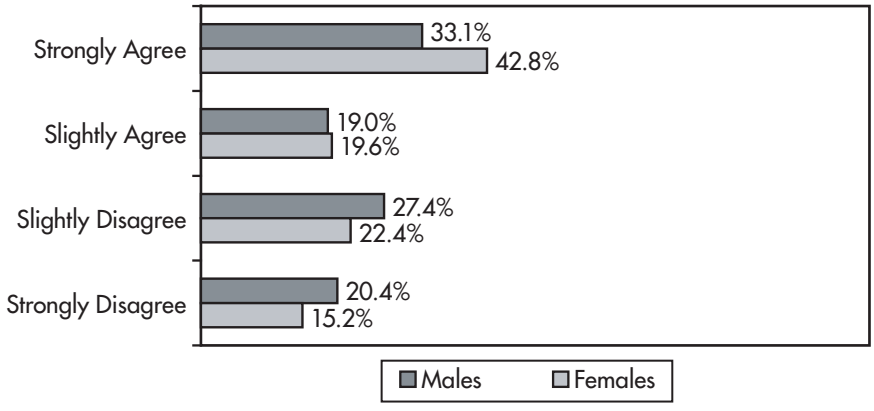


Figure 8.B.22. Respondents' Attitudes About Tobacco Production and Sales Not Being a Legitimate Business by Gender



Males (62.4%) were somewhat more likely than females (55.8%) to strongly agree that TI spokespersons mislead the public when they say tobacco is not addictive. This gender difference, presented in Figure 8.B.23, is statistically significant ($p<0.02$).

Females (16%) were more likely than males (12%) to have strongly agreed that if a person smokes only five cigarettes per day, their chance of getting cancer is about the same as someone who never smokes. Although modest, this gender difference is statistically significant, $p<0.05$, (see Figure 8.B.24).

Following an analysis by gender, responses to the attitude questions were also examined as a function of generational status.

The first attitude question addressed respondents' beliefs about the dangers of SHS. Three-quarters (76.5%) of first generation respondents and 77% of second generation respondents strongly agreed that SHS is harmful to others. Although first and second or higher generation respondents' attitudes about the harmfulness of SHS are statistically significantly different ($p<0.03$), the substantive difference between generations is quite small. This is shown in Figure 8.B.25.

Figure 8.B.23. Respondents' Attitudes About Tobacco Industry Spokespersons Misleading the Public by Gender

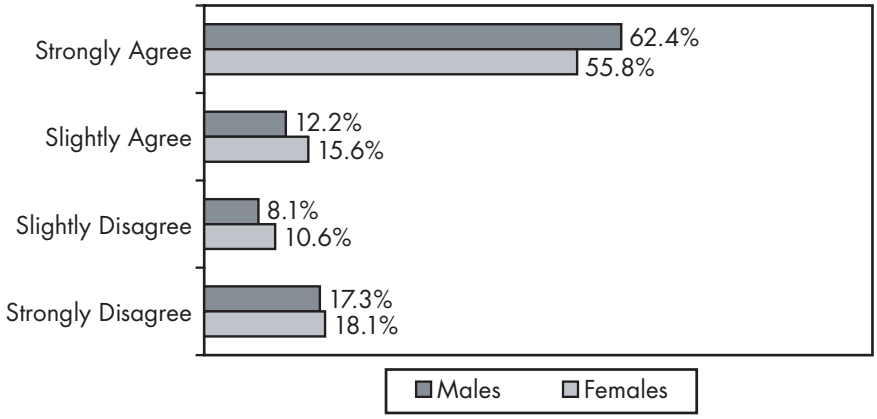


Figure 8.B.24. Respondents' Attitudes About the Risk of Cancer When Smoking Only a Few Cigarettes per Day by Gender

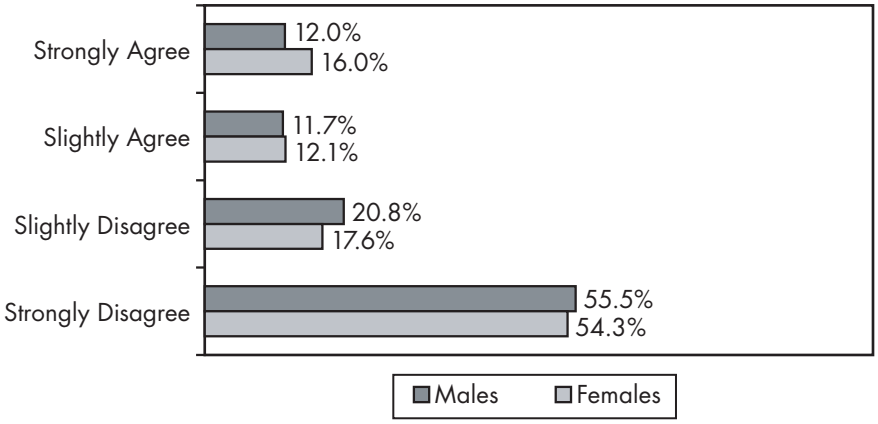
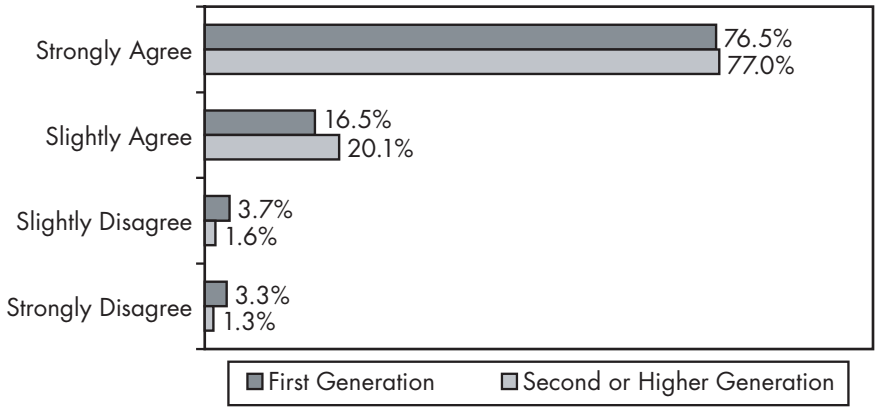


Figure 8.B.25. Respondents' Attitudes About Harmfulness of Secondhand Smoke by Generation



Respondents agreed even more strongly that SHS is harmful to babies and children. There is no significant difference in first generation respondents' and second or higher generation respondents' attitudes on this issue, as shown in Figure 8.B.26.

There is no significant difference in first generation respondents' and second or higher generation respondents' attitudes about the harmfulness of smoking when pregnant; both groups strongly agreed smoking while pregnant is harmful to the developing fetus (see Figure 8.B.27).

Most respondents overall tend to prefer eating in smoke-free restaurants. Second or higher generation respondents were somewhat more likely to indicate such a preference. As shown in Figure 8.B.28, there are statistically significant ($p<0.002$) but substantively small differences in attitudes by generational status; 83.8% of first generation respondents and 86.5% of second or higher generation respondents strongly agreed that they prefer to eat in smoke-free restaurants.

Figure 8.B.26. Respondents' Attitudes About Harmfulness of Secondhand Smoke for Babies and Children by Generation

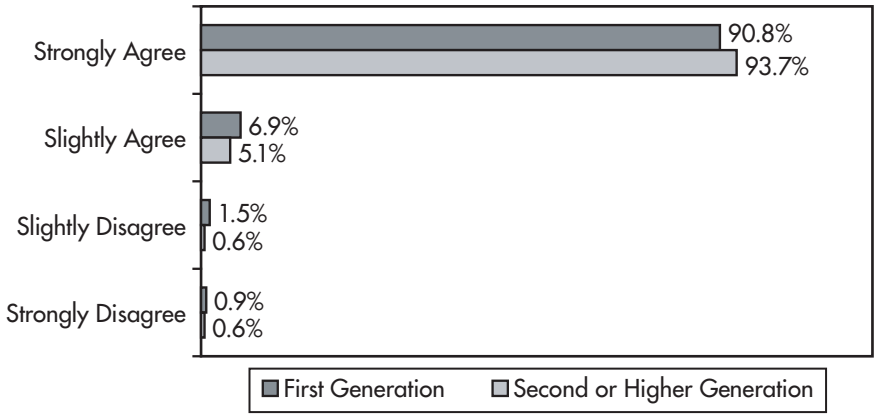


Figure 8.B.27. Respondents' Attitudes About Harmfulness of Smoking When Pregnant by Generation

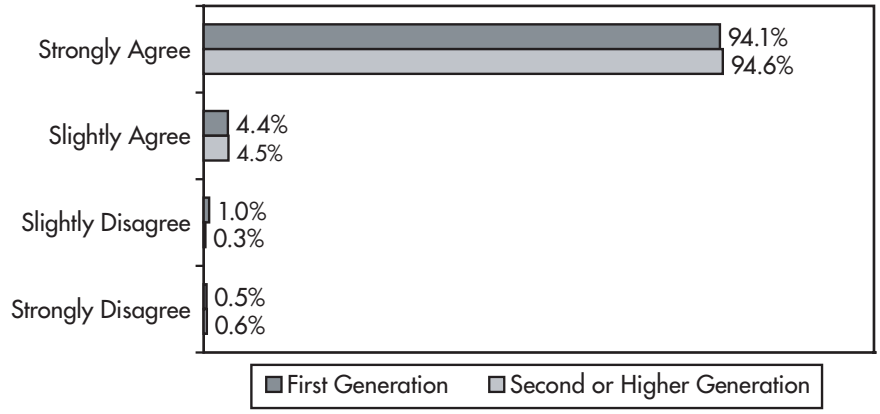
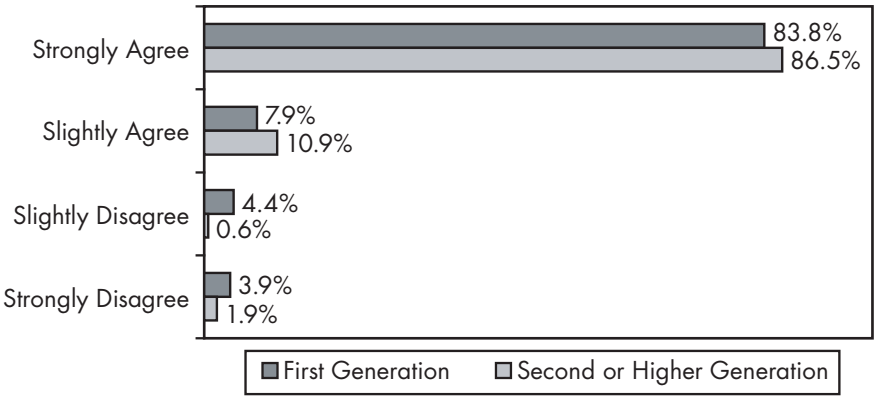


Figure 8.B.28. Respondents' Attitudes About Preferring to Eat in Smoke-Free Restaurants by Generation



A generational difference in attitudes about tobacco advertising is illustrated in Figure 8.B.29. Second or higher generation respondents (80.7%) were much more likely than first generation respondents (49%) to either strongly agree or slightly agree that tobacco advertising encourages young people to start smoking. This difference by generational status is statistically significant, $p<0.001$.

Second or higher generation respondents (86.6%) were also much more likely than first generation respondents (66.1%) to have either strongly agreed or slightly agreed that tobacco companies could reduce the amount of nicotine in their products. This statistically significant difference by generation, $p<0.001$, is presented in Figure 8.B.30.

Although most respondents recognized the highly addictive properties of tobacco, second or higher generation respondents were more likely to believe tobacco is as addictive as heroin or cocaine. As shown in Figure 8.B.31, second generation respondents (54.4%) were more likely than first generation respondents (47.5%) to strongly disagree that tobacco was not as addictive as other drugs. Furthermore, 20.6% of first generation respondents but only 11.1% of second or higher generation respondents strongly agreed that tobacco was not as addictive as other drugs. This generational difference is statistically significant, $p<0.001$.

Figure 8.B.29. Respondents' Belief that Tobacco Advertising Encourages Youth to Smoke by Generation

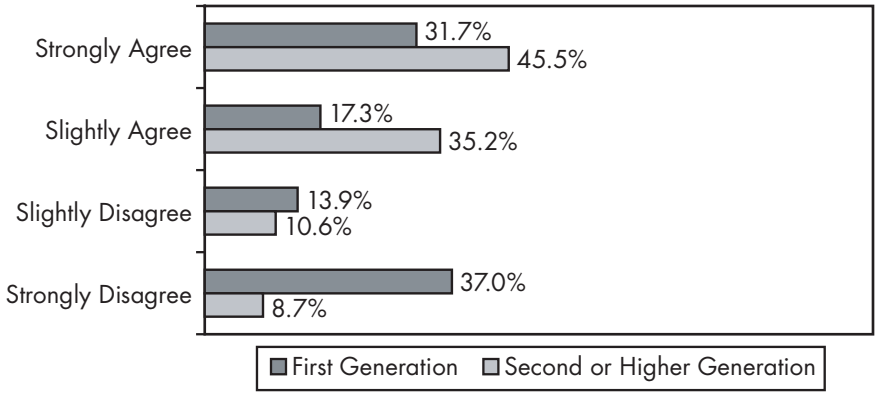


Figure 8.B.30. Respondents' Attitudes About Tobacco Companies' Ability to Lower the Amount of Nicotine in Tobacco Products by Generation

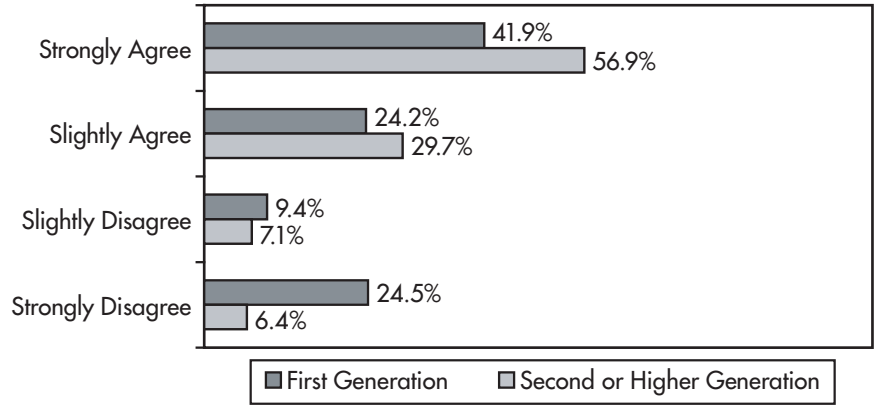
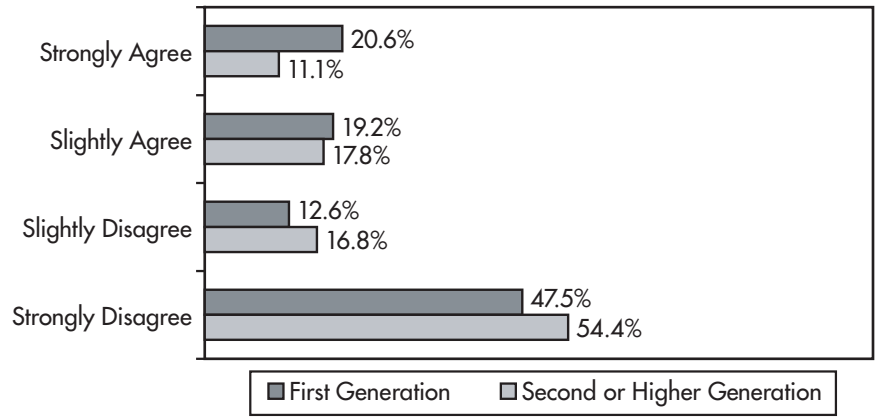


Figure 8.B.31. Respondents' Attitudes About Tobacco as Less Addictive than Other Drugs by Generation



First generation respondents tend to have more extreme or polarized opinions regarding cigarettes as a symbol of independence. First generation respondents (71%) were more likely than second or higher generation respondents (61%) to have strongly disagreed that smoking is a symbol of independence. However, first generation respondents were also slightly more likely to have strongly agreed that smoking is a symbol of independence. This generational difference, shown in Figure 8.B.32, is statistically significant, p<0.001.

First generation respondents (69.8%) were significantly more likely than second or higher generation respondents (51.1%) to have strongly agreed that tobacco advertising should be banned from cultural and sporting events (p<0.001). This is presented in Figure 8.B.33.

First generation respondents were less likely to see the production and sale of tobacco as a legitimate business. As shown in Figure 8.B.34, 40% of first generation respondents strongly agreed that the production and sale of tobacco should not be a legitimate business, compared to 29.3% of second or higher generation respondents. This difference is statistically significant, p<0.002.

Figure 8.B.32. Respondents' Attitudes About Cigarettes as a Symbol of Independence by Generation

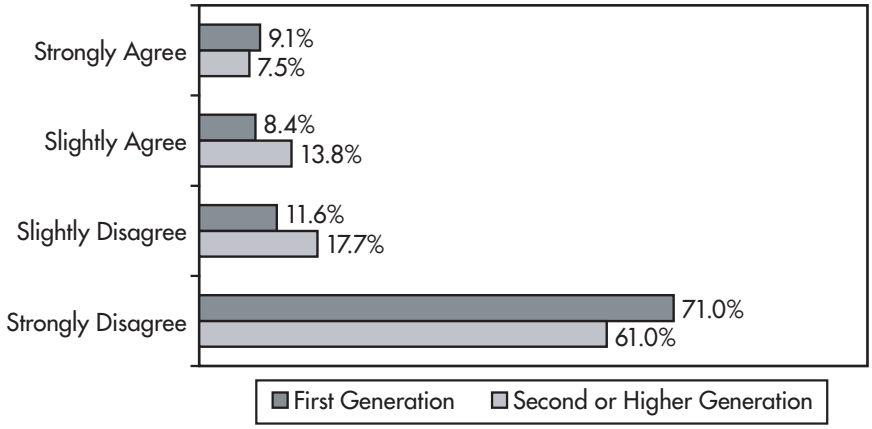


Figure 8.B.33. Respondents' Attitudes About Banning Tobacco Industry Advertising at Cultural and Sporting Events by Generation

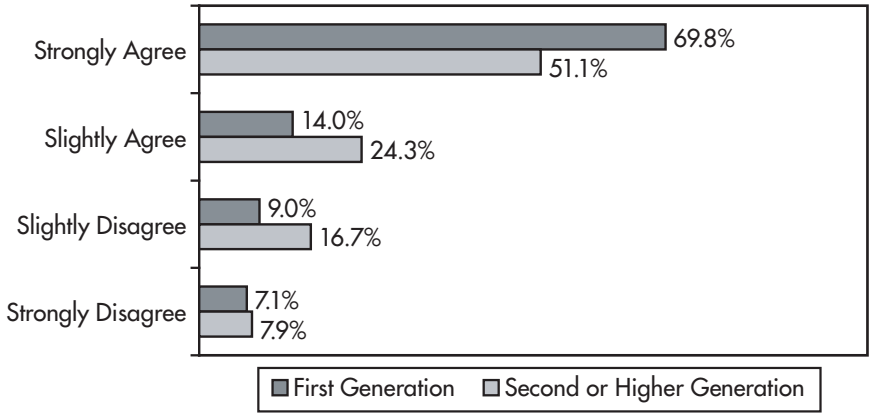
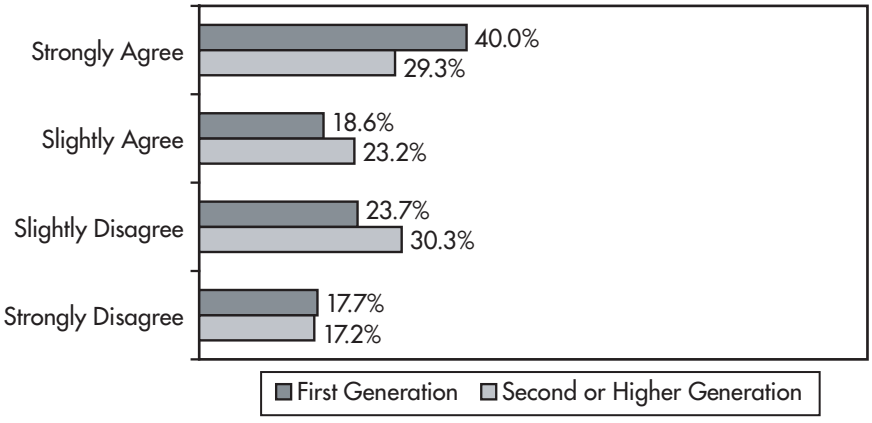


Figure 8.B.34. Respondents' Attitudes About Tobacco Production and Sale Not Being a Legitimate Business by Generation



In Figure 8.B.35, there is a statistically significant difference, p<0.001, in first generation and second or higher generation respondents' attitudes about the truthfulness of messages from TI spokespersons. Almost three quarters (74.2%) of second or higher generation respondents but just over half (56.1%) of first generation respondents strongly agreed that TI spokespersons mislead the public when they say tobacco is not addictive.

First generation respondents were somewhat less likely to see the risks in smoking just a few cigarettes a day. Second or higher generation respondents (66.6%) were more likely than first generation respondents (52.6%) to have strongly disagreed that if a person smokes only five cigarettes per day, their chance of getting cancer is about the same as someone who never smokes. This generational difference is statistically significant, p<0.001.

Figure 8.B.35. Respondents' Attitudes About Tobacco Industry Spokespersons Misleading the Public by Generation

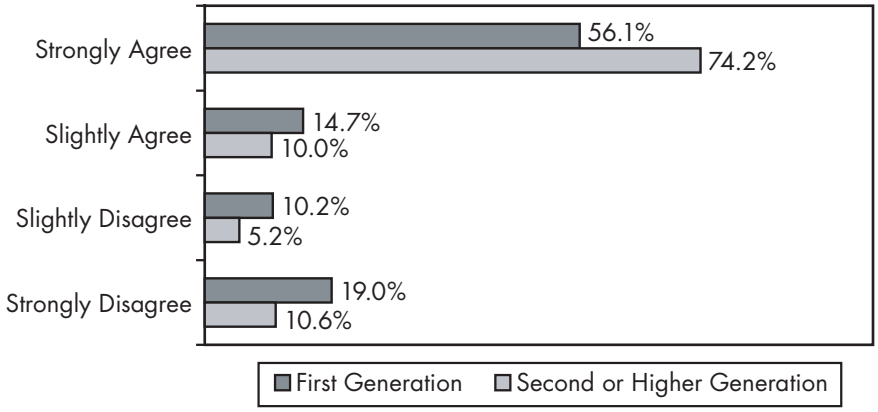
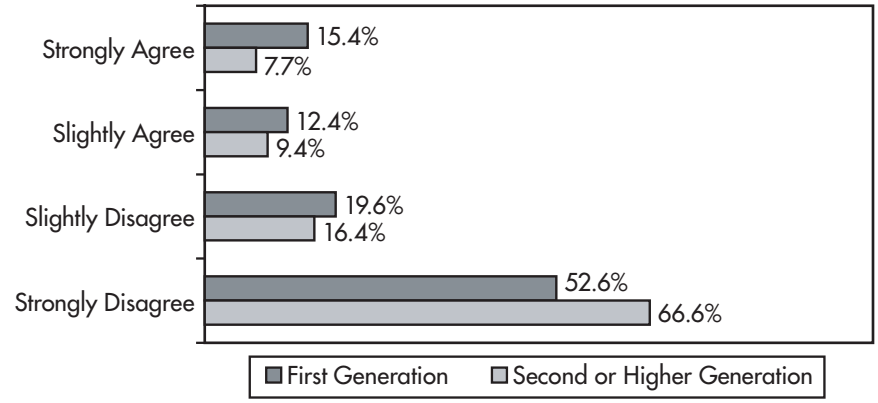


Figure 8.B.36. Respondents' Attitudes About the Risk of Cancer When Smoking Only a Few Cigarettes per Day by Generation



Tables 8.B.1 and 8.B.2 summarize the respondents' attitudes about the risks of smoking, the dangers of SHS, and TI advertising. Each table presents the proportion of all respondents who strongly agreed or slightly agreed with each statement, as well as agreement as a function of gender and generation.

Table 8.B.1. Summary Table of Current Smokers' Attitudes by Gender and Generation

Attitude Statement	% Agree	% Agree Gender		% Agree Generation	
	All Current Smokers	Males	Females	First Generation	Second or Higher Generation
My smoking is harming my own health.	88.9%	89.0%	87.6%	88.7%	94.4%
I believe that I am addicted to cigarettes.	77.7%	82.7%	37.5%	79.2%	68.5%
My family would prefer if I didn't smoke.	96.7%	97.0%	93.4%	98.4%	88.9%
My friends and colleagues would prefer if I didn't smoke.	69.5%	68.4%	80.0%	69.2%	73.7%

Table 8.B.2. Summary Table of All Respondents' Attitudes by Gender and Generation

Attitude Statement	% Agree	% Agree Gender		% Agree Generation	
	All Respondents	Males	Females	First Generation	Second or Higher Generation
Inhaling smoke from someone else's cigarette causes lung cancer in a nonsmoker.	93.7%	94.8%	92.8%	93.0%	97.1%
Inhaling smoke from someone else's cigarettes harms the health of babies and children.	97.8%	98.0%	97.7%	97.7%	98.8%
If a woman smokes when pregnant, it will harm the health of her baby.	98.6%	98.8%	98.3%	98.5%	99.1%
I prefer to eat in restaurants that are smoke-free.	92.6%	91.1%	93.9%	91.7%	97.4%
Tobacco advertising encourages young people to start smoking.	54.1%	55.0%	53.2%	49.0%	80.7%
Tobacco companies can lower the nicotine content of tobacco products.	69.6%	70.0%	69.2%	66.1%	86.6%
Tobacco is not as addictive as other drugs such as heroin or cocaine.	38.0%	40.1%	36.1%	39.8%	28.9%
Smoking cigarettes is a symbol of independence.	18.0%	20.2%	16.2%	17.5%	21.3%
Tobacco industry advertising at cultural and sporting events should be banned.	82.5%	82.3%	82.6%	83.8%	75.4%
The production and sale of cigarettes should not be a legitimate business.	57.7%	52.1%	62.4%	58.6%	52.5%
Tobacco industry spokespersons mislead the public when they say tobacco is not addictive.	73.0%	74.6%	71.4%	70.8%	84.2%
If a person smokes only five cigarettes per day, their chance of getting cancer is about the same as someone who never smokes.	26.0%	23.7%	28.1%	27.8%	17.1%

8.C. Brand of Cigarette that Attracts Attention Most

Respondents were asked which brand of cigarettes attracted their attention the most with its advertisements (ads). A majority of respondents (64.5%) reported that no brand of cigarettes attracted their attention. Of those who did give a brand response, Marlboro was by far the most common response (67.5%), with Camel cigarettes being the second most common response (12.7%). Only 3.1% of respondents named a Chinese brand as the brand of cigarettes that attracted their attention the most.

Table 8.C.1. Brand of Cigarette that Attracted the Most Attention

Brand Name	All Responses	Just Brand Names
555	1.1%	3.1%
Benson and Hedges	0.8%	2.2%
Camel	4.5%	12.7%
Carlton	0.1%	0.3%
Generic	0.9%	2.4%
Kent	0.1%	0.4%
Kool	1.2%	3.2%
Marlboro	24.0%	67.5%
Merit	0.1%	0.4%
Mild Seven	0.2%	0.6%
Newport	0.0%	0.1%
Pall Mall	0.0%	0.0%
Salem	0.2%	0.6%
Virginia Slims	0.9%	2.5%
Winston	0.3%	0.8%
Chinese Brand	1.1%	3.1%
No Brand Attracted Attention	64.5%	
Total	100.0%	100.0%

Table 8.C.2 presents, by gender and by generation, respondents' report of the brand of cigarette whose advertising attracted their attention the most. Marlboro attracted the most attention from both males (68.7%) and females (66.4%). Although Camel was the second most common response for both males and females, 15.6% of males reported that Camel's advertising attracted their attention the most, compared to only 9.6% of females. Females were more likely to be attracted to the advertising of *555* (5.1%) and Virginia Slims (4.5%) than males (1.3% and 0.5% respectively). Table 8.C.2 also presents brand attractiveness by generational status. Both first generation respondents (69%) and second or higher generation respondents (63.1%) reported that Marlboro ads attracted their attention the most. Camel was the second most common response for both groups; however, while only 8.8% of first generation respondents reported that they noticed Camel advertising the most, 22.8% of second or higher generation respondents were most attracted to the Camel brand of cigarettes.

Table 8.C.2. Brand of Cigarette that Attracted the Most Attention by Gender and by Generation

Brand Name	Gender		Generation	
	Male	Female	First Generation	Second or Higher Generation
555	1.3%	5.1%	3.3%	2.9%
Benson and Hedges	1.9%	2.7%	2.7%	1.0%
Camel	15.6%	9.6%	8.8%	22.8%
Carlton	0.8%	0.0%	0.5%	0.0%
Generic	0.3%	4.5%	3.3%	0.5%
Kent	0.0%	0.5%	0.5%	0.0%
Kool	3.7%	2.7%	3.8%	1.5%
Marlboro	68.7%	66.4%	69.0%	63.1%
Merit	0.8%	0.0%	0.5%	0.0%
Mild Seven	0.8%	0.5%	0.7%	0.0%
Newport	0.3%	0.0%	0.0%	0.5%
Pall Mall	0.0%	0.0%	0.0%	0.0%
Salem	0.5%	0.5%	0.4%	1.0%
Virginia Slims	0.5%	4.5%	2.2%	3.4%
Winston	1.1%	0.5%	0.5%	1.5%
Chinese Brand	3.7%	2.4%	3.7%	1.9%
Total	100.0%	100.0%	100.0%	100.0%

8.D. Opinion Regarding Smoking

Over half of all respondents (57.9%) found other people's smoking to be extremely annoying or very annoying. Another 29.2% found others' smoking to be moderately annoying or a little annoying, while 12.8% reported that they were not annoyed at all by other people's smoking. Responses to this question are summarized in Figure 8.D.1.

A little over one-third (33.8%) of all respondents had asked someone not to smoke in the past 12 months, as shown in Figure 8.D.2.

Figure 8.D.1. Respondents' Opinion of Other People's Smoking

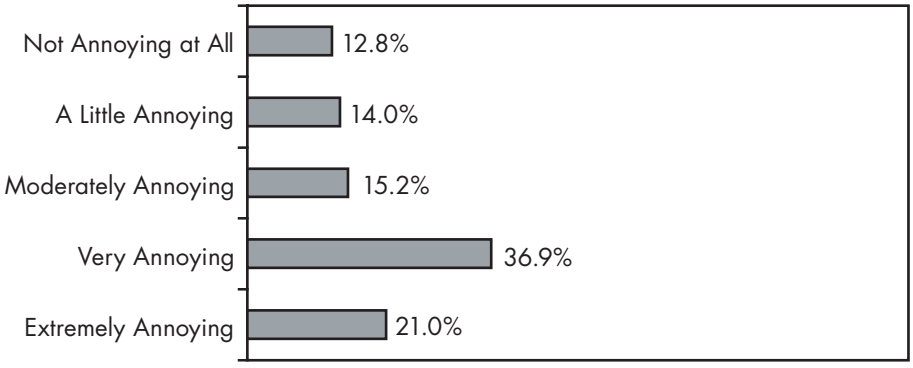


Figure 8.D.2. Percent of Respondents Who Have Asked Someone Not to Smoke in the Past 12 Months

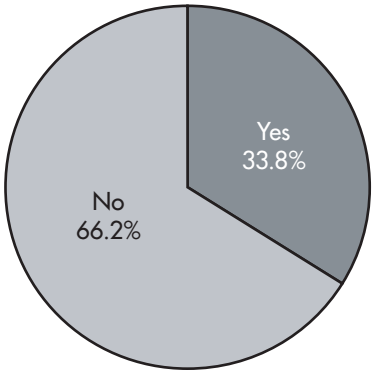


Figure 8.D.3 shows that of those respondents who had asked someone not to smoke in the past 12 months, almost half (46.1%) had asked a friend not to smoke on the most recent occasion. For 10.7% of respondents, the person they last asked not to smoke was a stranger.

In Figure 8.D.4, females were significantly more likely than males to find other people's smoking annoying ($p<0.001$). While 64.7% of females were either extremely annoyed or very annoyed by other people's smoking, only 50.1% of males reported being extremely annoyed or very annoyed by the smoking of others.

Females (36.3%) were significantly more likely than males (31%) to have asked someone to stop smoking in the past 12 months ($p<0.02$), as shown in Figure 8.D.5. Although there was a generational difference in being annoyed by others' smoking, this did not translate into an increased likelihood for second or higher generation individuals to ask someone to stop smoking. About one-third of first and second or higher generation individuals had asked someone not to smoke in the past 12 months.

Figure 8.D.3. Person Respondents Asked Not to Smoke on Most Recent Occasion

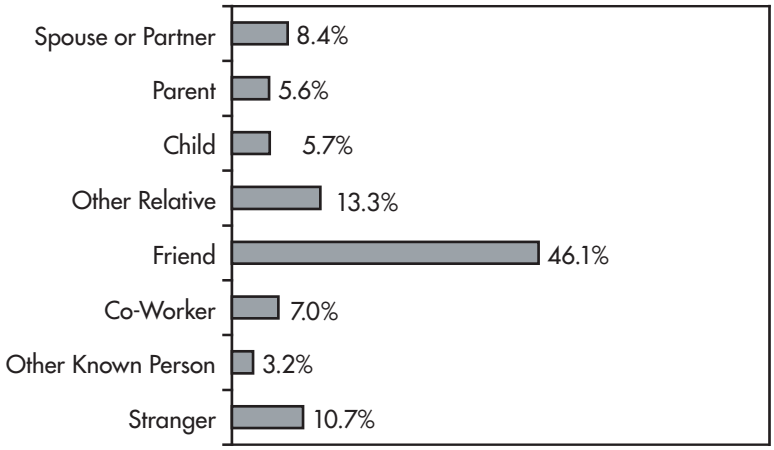


Figure 8.D.4. Respondents' Opinion of Other People's Smoking by Gender

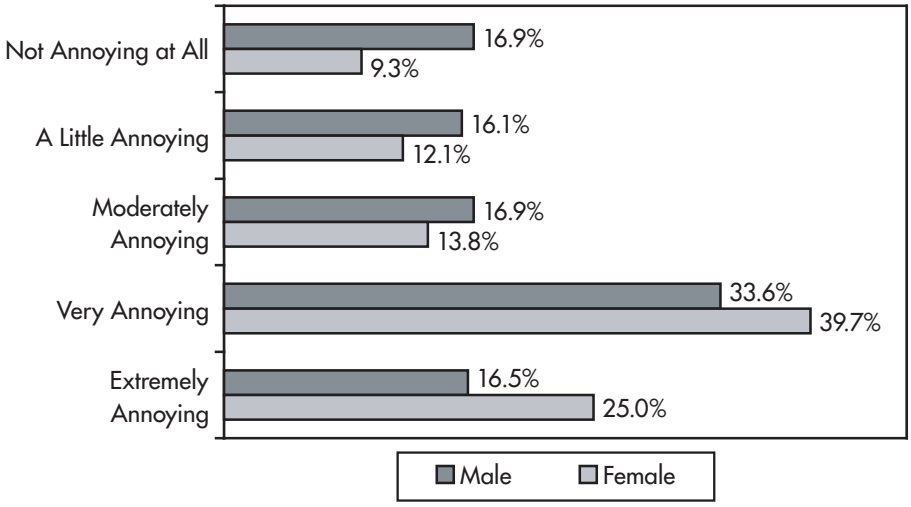
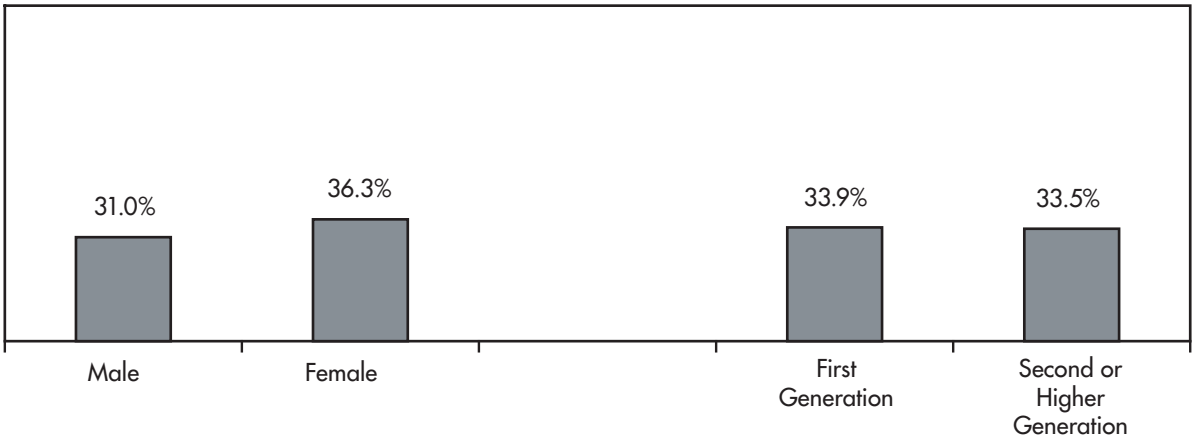


Figure 8.D.5. Percent of Respondents Who Have Asked Someone Not to Smoke in the Past 12 Months by Gender



There is no statistically significant generational difference.

Not only were women more likely to ask someone to stop smoking, but compared to men, women also tended to ask different individuals to stop smoking. There are statistically significant differences ($p<0.001$) as to whom males and females asked to stop smoking on the most recent occasion. Females (13.1%) were much more likely than males (2%) to ask their spouse to not smoke. This difference is likely due to higher rates of smoking among males. These results are presented in Figure 8.D.6.

The results for this question were also examined by generational status. As shown in Figure 8.D.7, second or higher generation respondents were more likely than first generation respondents to report that they were extremely annoyed by the smoking of others. While 33.2% of second or higher generation respondents were extremely annoyed by other people's smoking, only 18.9% of first generation respondents were extremely annoyed. However, 38.6% of first generation respondents reported that they were very annoyed by the smoking of others, compared to 27.5% of second or higher generation respondents.

Among the respondents who had asked someone to stop smoking, there are statistically significant generational differences in whom respondents asked to not smoke

Figure 8.D.6. Person Respondents Asked Not to Smoke on Most Recent Occasion by Gender

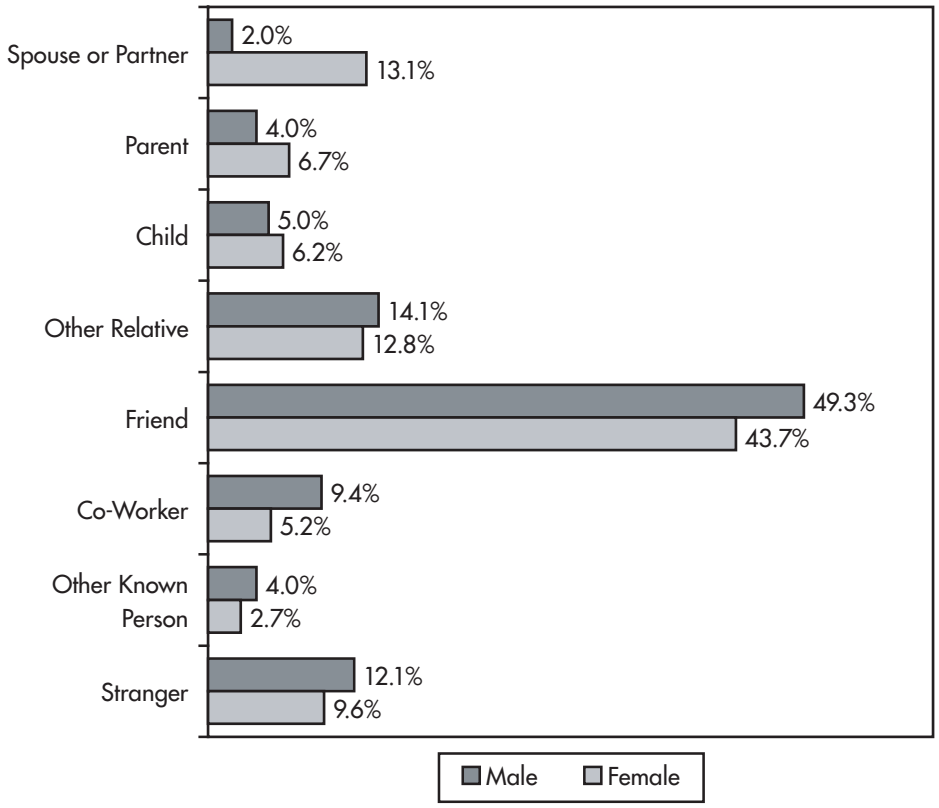
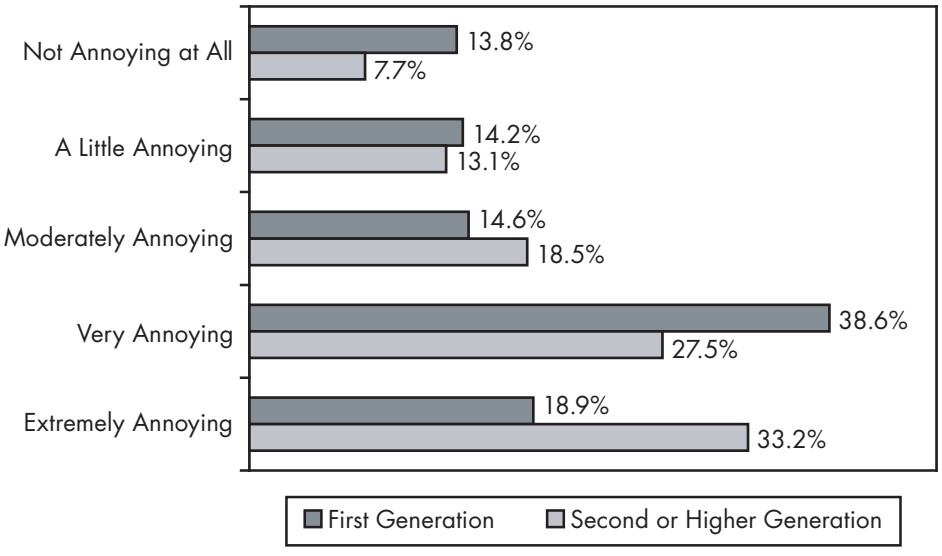
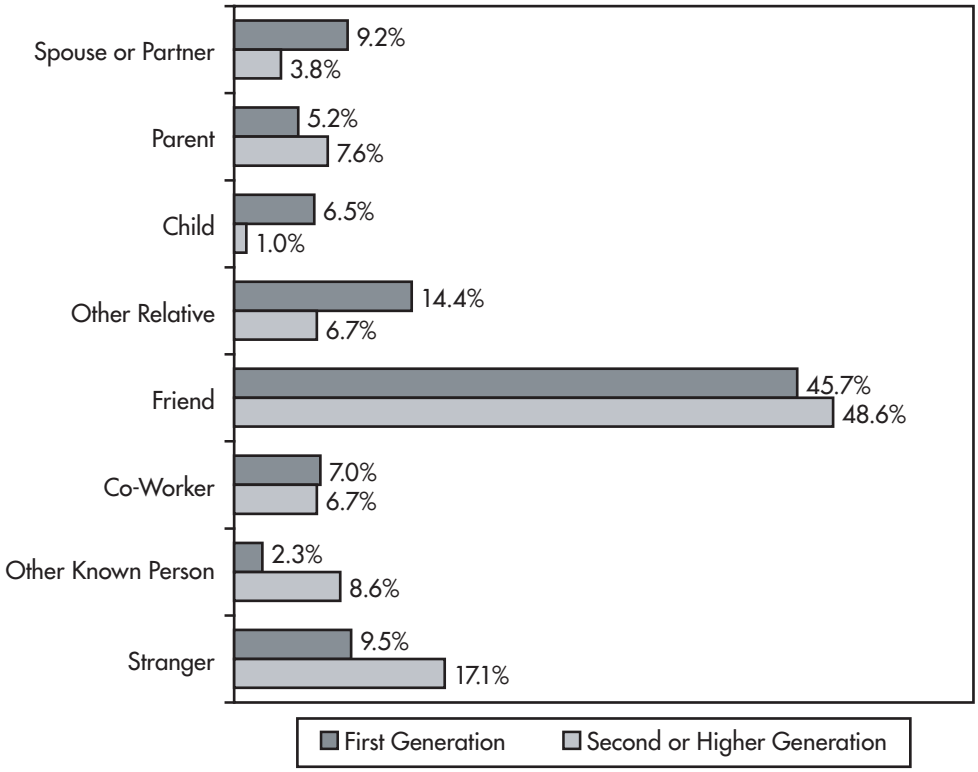


Figure 8.D.7. Respondents' Opinion of Other People's Smoking by Generation



(p<0.001). First generation respondents were more likely than second or higher generation respondents to ask their spouse, child, or another relative to stop smoking. Second generation respondents were more likely to ask a stranger or some other known person (not family, a friend, or a co-worker) not to smoke. This is shown is Figure 8.D.8.

Figure 8.D.8. Person Respondents Asked Not to Smoke on Most Recent Occasion by Generation



8.E. Relationship Between Attitudes, Knowledge, and Smoking Behavior

This section examines attitudes toward smoking as they relate to respondents' reported smoking behaviors. Conventionally, attitudes are studied because they are presumed to be predictive of behavior. However, research has demonstrated that even highly accurate attitude measures do not always predict specific behaviors–other factors such as social or cultural norms or perceived control over a particular behavior (such as one's ability to quit smoking) may impact a particular behavior independently of one's attitude toward that behavior.[22] Thus, it is important to examine both attitudes and their corresponding behaviors to understand more about the relationship between them.

After an initial review, the 12 questions intended to assess respondents' attitudes about smoking and the TI were analyzed to determine if they could be combined or consolidated. This was desirable so that SRG could establish one or more overall indices that would represent respondents' attitudes toward smoking. Using combined measures captures different dimensions of respondents' attitudes and ultimately produces a more reliable and valid measure.[23] However, individual items may only be combined if there is a sufficient relationship between them. If individual questions appear to be measuring very different constructs, or if there is little consistency in respondents' answers to the questions, then nothing is gained from collapsing items into an overall index–in fact, valuable information would be lost. Correspondingly, a series of statistical analyses were performed to determine whether nor not it would be appropriate to combine the attitude measures, and if so, what the most appropriate indices would be.

First, exploratory factor analysis was used to identify questions that had themes similar enough to be combined into indices. This statistical technique explores a set of variables to see which variables tend to "hang together." This analysis revealed that one index could be created from the first three of the twelve attitudinal questions: "*Inhaling smoke from someone else's cigarette causes lung cancer in a nonsmoker*," "*Inhaling smoke from someone else's cigarette harms the health of babies and children*," and "*If a woman smokes when pregnant, it will harm the health of her baby.*" These three questions seem to represent different aspects of this one overall attitude, which we labeled "*Smoking can be harmful to others*."

[22] Ajzen, I. (1985). From intentions to actions: A theory of planned behavior. In J. Kuhl and J. Beckman (Eds.), Action-control: From cognition to behavior (pp. 11-39). Heidelberg: Springer.

[23] Eagly, A., and Chaiken, S. (1993). Psychology of Attitudes. NY: Harcourt, Brace Jovanovich.

As a next step, AMOS was used to conduct a confirmatory factor analysis. The goal of this analysis was to determine if the potential indices that had been identified in the exploratory analysis were statistically valid and to explore other combinations of variables that seemed to make intuitive sense. Although several combinations of variables seemed to make sense, no other combinations of the attitude measures were found to describe the data better than the individual items on their own. The exception to this, however, continued to be the combination of three variables representing the attitude, "*Smoking can be harmful to others*." Once again, the factor analysis indicated that the first three attitude questions seemed to "hang together" well.

On the basis of these two analyses, SRG had sufficient confidence in this factor to combine the three variables into one index representing the belief that smoking is harmful to others. As a final step, reliability tests (specifically, Cronbach's alpha) were conducted. This analysis determines how well a set of items measures a single latent construct–in this case, an attitude.[24] As a general rule, items should not be combined unless Cronbach's alpha is at least 0.70.[25] The obtained value for alpha from this analysis was 0.70, providing further evidence that these variables could be meaningfully combined into one index.

As presented in Table 8.E.1, attitudes about how harmful smoking is to others vary as a function of smoking status. Specifically, current smokers were less likely than former or never smokers to believe that smoking is dangerous to other people. Only 87.9% of current smokers strongly agreed that smoking could be harmful to others, while 94.7% of never smokers and 94.5% of former smokers strongly agreed. These differences by smoking status are statistically significant, $p<0.001$.

Table 8.E.1. Respondents' Opinions of the Harmfulness of Smoking to Others by Smoking Status

Smoking Can Be Harmful to Others	Smoking Status		
	Never Smoker	Former Smoker	Current Smoker
Strongly Agree	94.7%	94.5%	87.9%
Slightly Agree	4.1%	2.3%	5.7%
Slightly Disagree	0.8%	3.2%	4.3%
Strongly Disagree	0.4%	0.0%	2.1%
Total	100.0%	100.0%	100.0%

Current smokers were much more likely to either strongly disagree or slightly disagree (21.9%) that they "prefer to eat in restaurants that are smoke-free" than former smokers (6.9%) or never smokers (6.1%). These statistically significant group differences ($p<0.001$) are presented in Table 8.E.2.

Table 8.E.2. Respondents' Attitudes About Preferring to Eat in Smoke-Free Restaurants by Smoking Status

I Prefer to Eat in Restaurants That Are Smoke-Free	Smoking Status		
	Never Smoker	Former Smoker	Current Smoker
Strongly Agree	85.6%	86.2%	66.9%
Slightly Agree	8.3%	6.9%	11.3%
Slightly Disagree	3.1%	3.9%	11.3%
Strongly Disagree	3.0%	3.0%	10.6%
Total	100.0%	100.0%	100.0%

[24] Alpha represents the average inter-item correlation for a set of variables. When data are measuring different constructs, the average inter-item correlation is low, and thus the computed value for alpha will be low. As the average inter-item correlation increases, Cronbach's alpha also increases; this provides evidence that the items are measuring the same underlying construct.

[25] Nunnaly, J. (1978). Psychometric theory. New York: McGraw-Hill.

In Table 8.E.3, current smokers were less likely to strongly agree that tobacco advertising encourages young people to smoke (20.8%) than former smokers (33.3%) or never smokers (35.2%). These differences by smoking status are statistically significant, $p<0.01$.

Table 8.E.3. Respondents' Belief that Tobacco Advertising Encourages Youth to Smoke by Smoking Status

Tobacco Advertising Encourages Young People to Start Smoking	Smoking Status		
	Never Smoker	Former Smoker	Current Smoker
Strongly Agree	35.2%	33.3%	20.8%
Slightly Agree	20.4%	17.5%	20.8%
Slightly Disagree	12.6%	15.4%	18.8%
Strongly Disagree	31.8%	33.8%	39.6%
Total	100.0%	100.0%	100.0%

In Table 8.E.4, former smokers differed from both current smokers and never smokers in terms of their attitudes about tobacco companies' ability to lower the nicotine content of their products. Only 32.5% of former smokers strongly agreed that tobacco companies can lower the nicotine in their products, while 38.5% of current smokers and 47% of never smokers strongly agreed. Looking at overall agreement (either strongly agree or slightly agree), 63% of former smokers, 70.2% of never smokers and 73.3% of current smokers agreed that tobacco companies can lower the nicotine content of their tobacco products. These differences by smoking status are statistically significant at $p<0.001$.

Table 8.E.4. Respondents' Attitudes About Tobacco Companies' Ability to Lower the Amount of Nicotine in Tobacco Products by Smoking Status

Tobacco Companies Can Lower the Nicotine Content of Tobacco Products	Smoking Status		
	Never Smoker	Former Smoker	Current Smoker
Strongly Agree	47.0%	32.5%	38.5%
Slightly Agree	23.2%	30.5%	34.8%
Slightly Disagree	8.5%	12.5%	8.9%
Strongly Disagree	21.3%	24.5%	17.8%
Total	100.0%	100.0%	100.0%

In Table 8.E.5, never smokers were the least likely to agree that tobacco is not as addictive as other drugs such as heroin or cocaine (34.9%), followed by former smokers (43.6%) and current smokers (61.4%), who were most likely to believe that tobacco is not as addictive as other drugs. These differences are statistically significant, $p<0.001$.

Table 8.E.5. Respondents' Attitudes About Tobacco as Less Addictive Than Other Drugs by Smoking Status

Tobacco is Not as Addictive as Other Drugs Such as Heroin or Cocaine	Smoking Status		
	Never Smoker	Former Smoker	Current Smoker
Strongly Agree	16.2%	23.9%	40.7%
Slightly Agree	18.7%	19.7%	20.7%
Slightly Disagree	13.4%	13.3%	12.7%
Strongly Disagree	51.7%	43.1%	26.0%
Total	100.0%	100.0%	100.0%

Current smokers were more likely to agree (32.4%) that smoking is a symbol of independence than former smokers (21.2%) and never smokers (16.2%). These differences by smoking status, p<0.001, are presented in Table 8.E.6.

Table 8.E.6. Respondents' Attitudes About Cigarettes as a Symbol of Independence by Smoking Status

Smoking Cigarettes is a Symbol of Independence	Smoking Status		
	Never Smoker	Former Smoker	Current Smoker
Strongly Agree	8.2%	8.4%	16.2%
Slightly Agree	8.0%	12.8%	16.2%
Slightly Disagree	11.8%	14.2%	18.2%
Strongly Disagree	72.1%	64.6%	49.4%
Total	100.0%	100.0%	100.0%

There was no statistically significant difference in respondents' attitudes about advertising tobacco products at public events by smoking status in Table 8.E.7. Most agreed strongly that such advertising should be banned.

Table 8.E.7. Respondents' Attitudes About Banning Tobacco Industry Advertising at Cultural and Sporting Events by Smoking Status

Tobacco Industry Advertising at Cultural and Sporting Events Should be Banned	Smoking Status		
	Never Smoker	Former Smoker	Current Smoker
Strongly Agree	66.8%	70.9%	61.9%
Slightly Agree	15.6%	13.5%	18.4%
Slightly Disagree	10.4%	10.0%	9.5%
Strongly Disagree	7.2%	5.7%	10.2%
Total	100.0%	100.0%	100.0%

While 39.6% of never smokers and 41% of former smokers strongly agreed that the production and sale of cigarettes should not be a legitimate business, only 21.4% of current smokers strongly agreed. These differences by smoking status, presented in Table 8.E.8, are statistically significant, p<0.001.

Table 8.E.8. Respondents' Attitudes About Tobacco Production and Sales Not Being a Legitimate Business by Smoking Status

The Production and Sale of Cigarettes Should Not Be a Legitimate Business	Smoking Status		
	Never Smoker	Former Smoker	Current Smoker
Strongly Agree	39.6%	41.0%	21.4%
Slightly Agree	19.9%	15.6%	20.0%
Slightly Disagree	24.4%	23.6%	29.3%
Strongly Disagree	16.1%	19.8%	29.3%
Total	100.0%	100.0%	100.0%

The next attitude question asked whether respondents believed TI statements indicating tobacco is not addictive are misleading to the public. Just more than half of never smokers, former smokers, and current smokers strongly agreed with this statement. The three groups do not significantly differ at the p<0.05 level.

Table 8.E.9. Respondents' Attitudes About Tobacco Industry Spokespersons Misleading the Public by Smoking Status

Tobacco Industry Spokespersons Mislead the Public When They Say Tobacco is Not Addictive	Smoking Status		
	Never Smoker	Former Smoker	Current Smoker
Strongly Agree	58.6%	63.7%	55.2%
Slightly Agree	14.5%	9.3%	14.9%
Slightly Disagree	9.5%	7.1%	12.3%
Strongly Disagree	17.4%	19.9%	17.5%
Total	100.0%	100.0%	100.0%

Current smokers were much more likely to believe that if a person smokes only five cigarettes per day, that person's chance of getting cancer is about the same as someone who never smokes; 50% of all current smokers, 21.4% of former smokers, and 24.5% of never smokers either strongly or slightly agree that smoking only five cigarettes per day is the same as not smoking at all with regard to lung cancer. These statistically significant differences, $p<0.001$, are presented in Table 8.E.10.

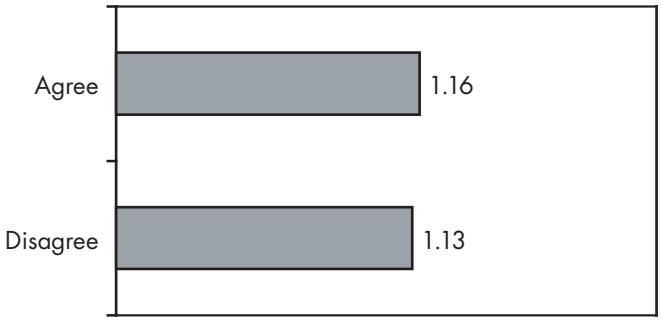
Table 8.E.10. Respondents' Attitudes About the Risk of Cancer When Smoking Only a Few Cigarettes per Day by Smoking Status

If a Person Smokes Only Five Cigarettes per Day, Their Chance of Getting Cancer is About the Same as Someone Who Never Smokes	Smoking Status		
	Never Smoker	Former Smoker	Current Smoker
Strongly Agree	13.4%	11.5%	26.5%
Slightly Agree	11.1%	9.9%	23.5%
Slightly Disagree	18.0%	29.8%	15.4%
Strongly Disagree	57.5%	48.7%	34.6%
Total	100.0%	100.0%	100.0%

8.F. Relationship Between Attitudes, Knowledge, and Chinese Media Consumption

A final series of analyses were performed to investigate the relationship between exposure to anti-smoking messages in the Chinese media, and whether increased exposure to such messages is related to a difference in tobacco-related attitudes. For each analysis, the primary dependent measure was the number of Chinese media sources in which the respondent remembered seeing anti-smoking messages-0, 1, 2, or 3.[26] The average number of sources for individuals who strongly or slightly agreed with each statement ("agree") was compared to the average number of sources recalled by individuals who strongly or slightly disagreed with each statement ("disagree"). A difference of means test was conducted for the attitude index, "smoking is harmful to others" and for all other individual attitude items. Any differences between the two groups indicates that individuals who agree with the attitude statements reported increased or decreased levels of exposure to anti-smoking messages compared with individuals who disagreed with the statements.

Figure 8.F.1. Opinions of the Harmfulness of Smoking to Others by Mean Chinese Media Consumption



First, exposure to anti-smoking messages in the Chinese media was calculated for individuals who agreed and disagreed that smoking is harmful to others. Mean exposure ratings are shown in Figure 8.F.1. The analysis indicates

[26]See Section VII.F of this report for an explanation of how this variable was constructed.

there are no significant differences in exposure to anti-smoking messages in Chinese media between those who agreed that smoking is harmful to others and those who did not agree that smoking is harmful to others.

Individual attitude statements were analyzed next. In regards to individuals' preference for eating in smoke-free restaurants, there are no statistically significant differences in exposure to anti-smoking messages between those who prefer to eat in a smoke-free restaurant and those who did not state such a preference (see Figure 8.F.2).

There was a difference, however, between individuals who agreed and disagreed that tobacco advertising encourages young people to start smoking. As shown in Figure 8.F.3, a difference of means test indicated that respondents who disagreed that tobacco advertising encourages smoking in young people report seeing anti-smoking messages in more forms of Chinese media ($p<0.001$).

There was also a statistically significant difference in media exposure regarding attitudes about tobacco companies' ability to lower nicotine levels ($p<0.001$). As shown in Figure 8.F.4, respondents who remembered seeing anti-smoking messages in more forms of Chinese media were less likely to agree that tobacco companies can lower nicotine levels in their products.

Statistical tests found no significant differences between those who agreed that tobacco is not as addictive as other drugs and those who did not agree that tobacco is not as addictive as other drugs in their exposure to anti-smoking messages in Chinese media. Means are presented in Figure 8.F.5.

Figure 8.F.2. Attitudes About Preferring to Eat in Smoke-Free Restaurants by Mean Chinese Media Consumption

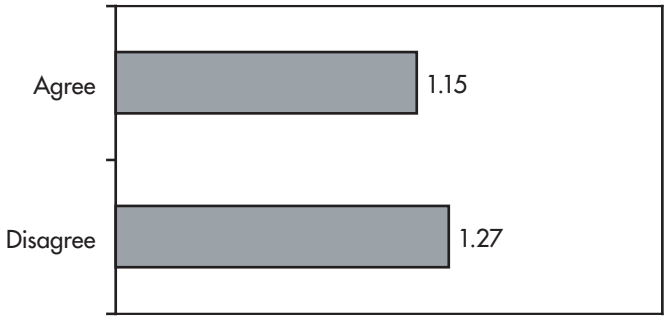


Figure 8.F.3. Belief that Tobacco Advertising Encourages Youth to Smoke by Mean Chinese Media Consumption

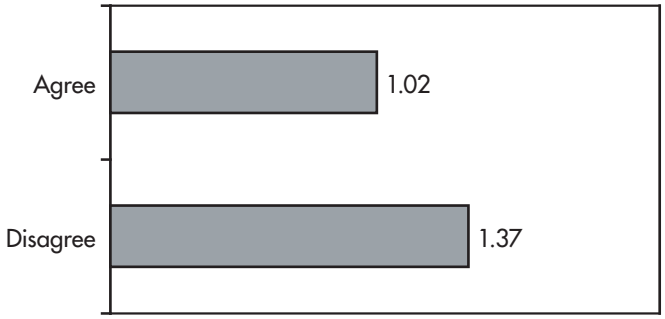


Figure 8.F.4. Attitudes About Tobacco Companies' Ability to Lower the Amount of Nicotine in Tobacco Products by Mean Chinese Media Consumption

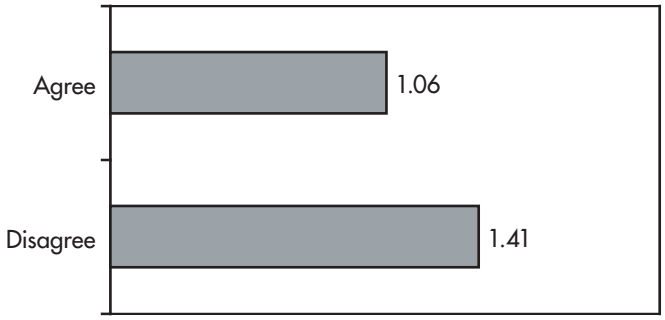
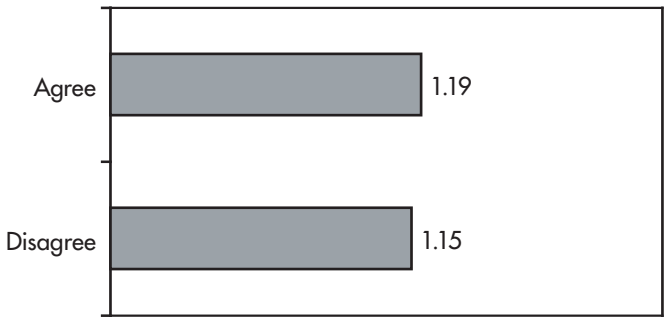


Figure 8.F.5. Attitudes About Tobacco as Less Addictive Than Other Drugs by Mean Chinese Media Consumption



Those who agreed that cigarettes are a symbol of independence and those who did not agree with this statement did not differ in their exposure to anti-smoking messages in Chinese media (see Figure 8.F.6).

Those who agreed that tobacco advertising should be banned at public events and those who did not agree with this statement did not differ in their exposure to anti-smoking messages in Chinese media, as seen in Figure 8.F.7.

No significant differences emerged between those who agreed that the production and sale of cigarettes should not be a legitimate business and those who did not agree with this idea in exposure to anti-smoking messages in Chinese media, as seen in Figure 8.F.8.

Exposure to anti-smoking messages in the Chinese media was not significantly different for those who agreed that TI spokespersons mislead the public when they say tobacco is not addictive from those who did not agree with this idea. Means are presented in Figure 8.F.9.

Although there were few differences in exposure to anti-smoking messages in Chinese media between those who agreed and disagreed with the various attitude statements, there was a difference based on beliefs about cancer risks for those who smoke just a few cigarettes a day. Respondents who agreed that smoking only five cigarettes per day still poses a risk for cancer report having seen anti-smoking messages in more forms of Chinese media than respondents who disagree with that statement ($p<0.005$). Means are presented in Figure 8.F.10.

Figure 8.F.6. Attitudes About Cigarettes as a Symbol of Independence by Mean Chinese Media Consumption

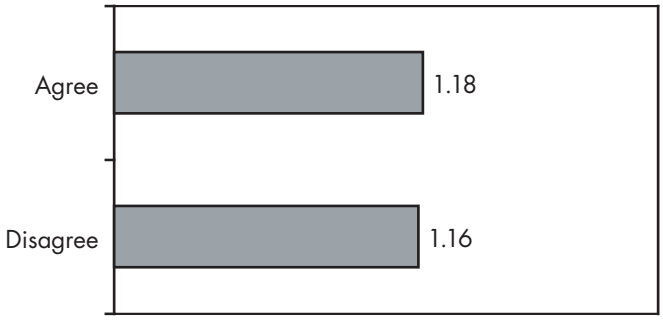


Figure 8.F.7. Attitudes About Banning Tobacco Industry Advertising at Cultural and Sporting Events by Mean Chinese Media Consumption

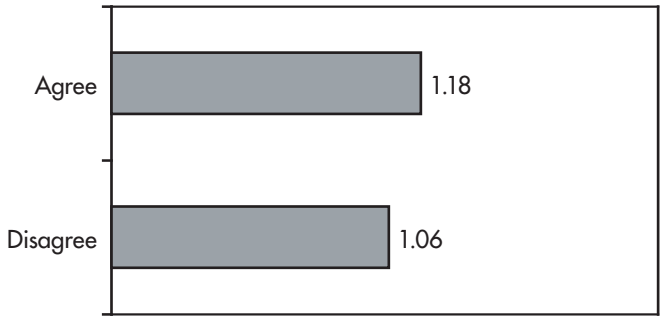


Figure 8.F.8. Attitudes About Tobacco Production and Sales Not Being a Legitimate Business by Mean Chinese Media Consumption

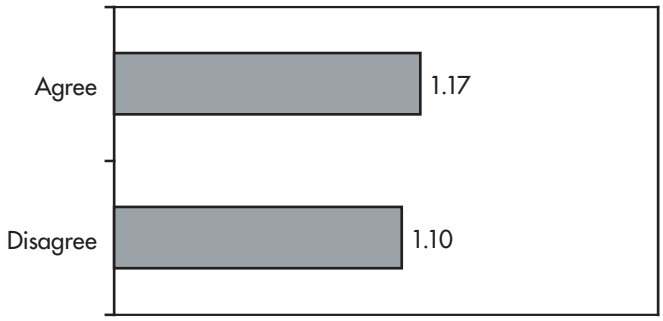


Figure 8.F.9. Attitudes About Tobacco Industry Spokespersons Misleading the Public by Mean Chinese Media Consumption

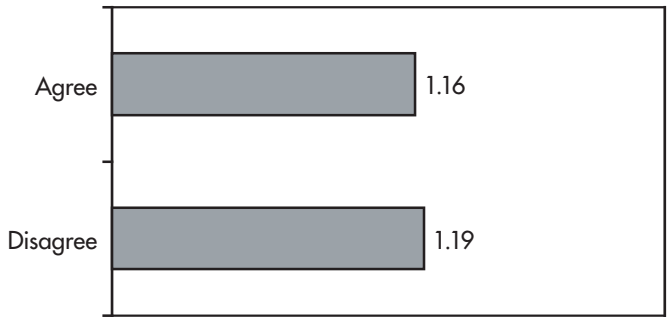
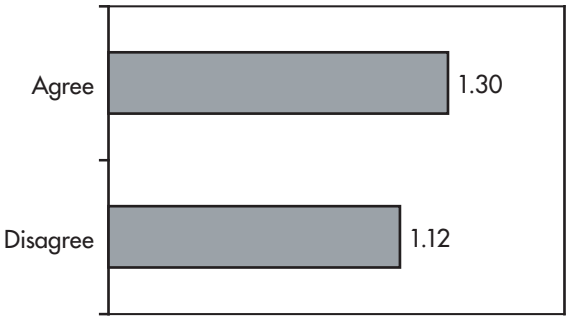


Figure 8.F.10. Attitudes About the Risk of Cancer When Smoking Only a Few Cigarettes per Day by Mean Chinese Media Consumption



Appendix A: California Chinese American Tobacco Use Survey-Questionnaire

adults
In order to determine who to interview, could you please tell me, how many adults 18 years of age or older of Chinese/Korean descent are currently living in your household?

为了确定访谈对象，请您告诉我，

在当前住在您家中有多少人是华人而且是 18 岁或 18 岁以上的成年人

為了確定訪談對象，請您告訴我，

在當前住在您家中有多少人是華人而且是 18 歲或 18 歲以上的成年人

0. NONE
1-15 ADULTS
77. EXIT CASE
88. DK
99. RF

qscreen
How many of those adults 18 years old or older were born in the USA

请问您家中有几个 18 岁或 18 岁以上的成年人出生於美国?

請問您家中有几個 18 歲或 18 歲以上的成年人出生於美國?

0. NONE
1-7 ADULTS

q2
Of those born in the United States, who had the last birthday? I don't mean who is the youngest, just who had a birthday last.

1. INFORMANT
2. SOMEONE ELSE
3. DON'T KNOW ALL BIRTHDAYS, ONLY SOME
4. DONT KNOW ANY BIRTHDAYS OTHER THAN OWN
8. DK
9. RF

请您告诉我

在这些华人当中谁刚过了生日？

我不是指谁最年轻，而是指刚过生日的是谁。

1. 被访者
2. 他人
3. 不知道所有人的生日，仅知道某些人的生日

4．除了自己的生日以外不知道其他任何人的
8．DK
9．RF

請您告訴我

在這些華人當中誰剛過了生日？

我不是指誰最年輕，而是指剛過生日的是誰。

1．被訪者

2．他人

3．不知道所有人的生日，僅知道某些人的生日

4．除了自己的生日以外不知道其他任何人的
8．DK
9．RF

q2a
Of the birthdays do you know, who had the most recent birthday?
INTERVIEWER: FEMALE FIRST GENERATION (BORN OUTSIDE USA) IS D0NE

1. INFORMANT
2. SOMEONE ELSE
8. DK
9. RF

在您确实知道的生日中，谁最近过了生日？

1．被访者

2．他人
8．DK
9．RF

在您確實知道的生日中，誰最近過了生日？

1．被訪者

2．他人
8．DK
9．RF

q3
First, May I verify that you are of Chinese or Korean descent?

1. CHINESE
2. KOREAN
3. BIRACIAL/MULTIRACIAL CHINESE (Specify)
4. BIRACIAL/MULITRACIAL KOREAN (Specify)
5. NO
8. DK
9. RF

现在我要问您几个问题。

我可以确认您是华人后裔吗？

1. 是
2. KOREAN
3. 双种族或多种族 CHINESE 具体说明
4. 双种族或多种族 KOREAN 具体说明
5. 否
8. DK
9. RF

現在我要問您幾個問題。

我可以確認您是華人后裔嗎？

1. 是
2. 韓國人
3. 雙種族或多種族 Chinese 具體說明
4. 雙種族或多種族 Korean 具體說明
5. 否
8. DK
9. RF

q4
In what country were you born?

1. MAINLAND CHINA
2. HONG KONG
3. KOREAN
4. UNITED STATES
5. OTHER ASIAN COUNTRY (SPECIFY)
6. OTHER COUNTRY (SPECIFY)
8. DK
9. RF

您出生于哪个国家？

1. 中国
2. 香港
3. 韓国
4. 美国
5. 其他亞洲国家(具体的国家名字)
6. 其他国家(具体的国家名字)
8. DK
9. RF

您出生于哪個國家？

1. 中國
2. 香港
3. 韓國
4. 美國
5. 其他亞洲國家(具體的國家名字)
6. 其他國家(具體的國家名字)
8. DK
9. RF

q5
In what country was your mother born?

1. MAINLAND CHINA
2. HONG KONG
3. KOREA
4. UNITED STATES
5. OTHER ASIAN COUNTRY (SPECIFY)
6. OTHER COUNTRY (SPECIFY)
8. DK
9. RF

您的母亲出生于哪个国家？

1. 中国
2. 香港
3. 韓国
4. 美国
5. 其他亞洲国家(具体的国家名字)
6. 其他国家(具体的国家名字)
8. DK
9. RF

您的母親出生於哪個國家？

1. 中國
2. 香港
3. 韓國
4. 美國
5. 其他亞洲國家(具體的國家名字)
6. 其他國家(具體的國家名字)
8. DK
9. RF

q6
In what country was your father born?

1. MAINLAND CHINA
2. HONG KONG
3. KOREA
4. UNITED STATES
5. OTHER ASIAN COUNTRY (SPECIFY)
6. OTHER COUNTRY (SPECIFY)
8. DK
9. RF

您的父亲出生于哪个国家？

1. 中国
2. 香港
3. 韓国
4. 美国
5. 其他亞洲国家(具体的国家名字)
6. 其他国家(具体的国家名字)
8. DK
9. RF

您的父親出生于哪個國家？

1. 中國
2. 香港
3. 韓國
4. 美國
5. 其他亞洲國家(具體的國家名字)
6. 其他國家(具體的國家名字)
8. DK
9. RF

q7
Which language do you prefer using?

1. MANDARIN (PUTONGHUA)
2. CANTONESE
3. TOYSHAN
4. ENGLISH
5. KOREAN
6. OTHER (SPECIFY)
8. DK
9. RF

您更愿意使用哪一种语言？

1. 国语(普通话)
2. 广东话
3. 台山话
4. 英语
5. 韓文
6. 其它 (具体说明)
8. DK
9. RF

您更願意使用哪一種語言？

1. 國語(普通話)
2. 廣東話
3. 台山話
4. 英語
5. 韓文
6. 其它 (具體說明)
8. DK
9. RF

q8
How many children, less than 18 years of age, live in your household?

1-20(RECORD NUMBER)
0. NONE
88. DK
99. RF

有多少名 18 岁以下的孩子住在您的家中？

1-20 (记录人数)
0. 无
88. DK
99. RF

有多少名 18 歲以下的孩子住在您的家中？

1-20 (記錄人數)
0. 無
88. DK
99. RF

q9
What county do you live in?

您住在哪个郡？

您住在哪個郡？

INTERVIEWER-ENTER COUNTY NUMBER FROM LIST

777-OTHER/DON'T KNOW- PROBE FOR CLOSEST CITY
999-RF

q10
The next questions I will be asking you are about cigarette smoking. Have you smoked at least 100 cigarettes in your entire life?
(NOTE: 5 PACKS - 100 CIGARETTES)

1. YES
2. NO
8. DK
9. RF

我接下来要问的是关于吸烟的问题。

在您一生中，您是否至少已吸了 100 支香烟？

(注意： 5 包 - 100 支香烟)

1. 是
2. 否
8. DK
9. RF

我接下來要問的是關于吸煙的問題。

在您一生中，您是否至少已吸了 100 支香煙？

(注意： 5 包 - 100 支香煙)

1. 是
2. 否
8. DK
9. RF

[If (2), skip to q12]

q11
Do you now smoke cigarettes every day, some days, or not at all?

1. EVERYDAY
2. SOME DAYS
3. NOT AT ALL
8. DK
9. RF

现在您是每天吸烟、每隔几天吸烟还是根本不吸烟？

1.每天
2. 一些天
3. 根本不
8. DK
9. RF

現在您是每天吸煙、每隔幾天吸煙還是根本不吸煙？

1. 每天
2. 一些天
3. 根本不
8. DK
9. RF

[If (1 or 2), skip to q13] = Current Smoker

q12
Have you ever sought help for one of your smoker family members or friends to stop smoking?

1. YES
2. NO
8. DK
9. RF

您曾为您的家人或朋友戒烟而求助吗？

1. 是
2. 否
8. DK
9. RF

您曾為您的家人或朋友戒煙而求助嗎？

1. 是
2. 否
8. DK
9. RF

[If (2), skip to q13]

q12a-g
During the most recent attempt to help one of your family members or friends to stop smoking, did you use any of the following?

1-YES 2-NO 8-DK 9-RF

q12a
1. Brochures (SPECIFY LANGUAGE)

q12b
2. Consult with a Doctor or Nurse
(SPECIFY LANGUAGE)

q12c
3. Eastern Medicine technique

q12d
4. Western Medicine technique

q12e
5. Telephone Hotline

q12g
7. Anything else (SPECIFY)

最近一次当您帮助您的家人或朋友戒烟时,您是否使用过下列任何一种方法？

1-YES 2-NO 8-DK 9-RF

1. 小册子 (具体说明使用语言)
2. 向医生或护士谘询(具体说明使用语言)
3. 中医
4. 西医
5. 热线电话
7. 其它 (具体说明)

最近一次當您幫助您的家人或朋友戒煙時,您是否使用過下列任何一種方法？

1-YES 2-NO 8-DK 9-RF

1. 小冊子 (具體說明使用語言)
2. 向醫生或護士諮詢(具體說明使用語言)
3. 中醫
4. 西醫
5. 熱線電話
7. 其它 (具體說明)

q13
On how many of the past 30 days did you smoke cigarettes?

0-31 RECORD NUMBER OF DAYS
88. DK
99. RF

过去 30 天里，您一共吸了多少天的烟？

0-30 RECORD NUMBER OF DAYS
88. DK
99. RF

過去 31 天裡，您一共吸了多少天的煙？

0-30 RECORD NUMBER OF DAYS
88. DK
99. RF

[If (0), and q10 eq (2, 8, or 9) skip to q35] = Non-smoker

[If (0), and q10 eq (1), skip to q14] = Former Smoker

q13s
On average, about how many cigarettes a day do you now smoke?

0- DON'T SMOKE REGULARLY
1-30 RECORD NUMBER OF CIGARETTES
88. DK
99. RF

您现在一天平均吸几根菸?

0-没有经常吸烟
1-30 记录几根菸
88. DK
99. RF

您現在一天平均吸幾支煙?

0-沒有經常吸煙
1-30 記錄幾支煙
88. DK
99. RF

[If q11 eq (1), skip to q13a]

q13a
During the past 30 days, on the days that you did smoke, about how many cigarettes did you usually smoke per day?
(NOTE: 1 PACK - 20 CIGARETTES)

过去 30 天里，通常您在吸烟日每天大约吸多少支烟 ？
(注意： 1 包 - 20 支)

過去 30 天裡，通常您在吸煙日每天大約吸多少支煙 ？

(注意： 1 包 - 20 支)

1-80 (RECORD NUMBER OF CIGARETTES)
88. DK
99. RF

Current and Former Smokers

q14
How old were you when you first smoked your first whole cigarette?

0. I NEVER SMOKED A CIGARETTE
1-100 (RECORD AGE)
888. DK
999. RF

您大约在几岁开始吸第一支完整的香烟？

0. 我从未吸过烟

1-100 (记录年龄)
888. DK
999. RF

您大約在幾歲開始吸第一支完整的香煙？

0. 我從未吸過煙

1-100 (記錄年齡)
888. DK
999. RF

q15
How old were you when you first started smoking cigarettes fairly regularly?

0. I DON'T SMOKE REGULARLY
1-100 (RECORD AGE)
888. DK
999. RF

您从几岁起开始经常吸烟？

0. 我不经常吸烟

1-100 (记录年龄)
888. DK
999. RF

您從幾歲起開始經常吸煙？

0. 我不經常吸煙

1-100 (記錄年齡)
888. DK
999. RF

Former Smokers

q17a-c
About how long has it been since you last smoked cigarettes regularly?

1-100 888-DK 999-RF

q17a
YEARS

q17b
MONTHS

q17c
DAYS

现在距离您上一次经常吸菸有多久了?
1-100 888-DK 999-RF

YEARS
MONTHS
DAYS

現在距離您上一次經常吸煙有多久了?
1-100 888-DK 999-RF

YEARS
MONTHS
DAYS

[skip to q35]

Current Smokers

q17
During the past 12 months, have you stopped smoking for 1 day or longer because you were trying to quit smoking?

1. YES
2. NO
8. DK
9. RF

过去 12 个月里，您是否由于试图戒烟而停止吸烟 1 天或 1 天以上？

1. 是
2. 否
8. DK
9. RF

過去 12 個月裡，您是否由於試圖戒煙而停止吸煙 1 天或 1 天以上？

1. 是
2. 否
8. DK
9. RF

q18a-g
Did you try to quit on your own or did you use any of the following during your most recent attempt to quit smoking?

1- QUIT ON OWN 2-CONTINUE TO LIST
1-YES 2-NO 8-DK 9-RF

q18a
A. Brochures (SPECIFY LANGUAGE)

q18b
B. Consult with Doctor or Nurse (SPECIFY LANGUAGE)

q18c
C. Eastern Medicine techniques

q18d
D. Western Medicine techniques

q18e
E. Telephone Hotline

q18g
G. Did you try anything else (SPECIFY)

最近一次当你常试戒烟时，你常试自己戒烟或使用过下列任可一种方式呢？

1- QUIT ON OWN 2-CONTINUE TO LIST

1-YES 2-NO 8-DK 9-RF
A. 小册子 (具体说明使用语言)
B. 向医生或护士谘询 (具体说明使用语言)
C. 中医
D. 西医
E. 热线电话
G. 您使用其他方式吗? (需注解)

最近一次當你常試戒煙時，你常試自己戒煙或使用過下列任可一種方式？

1- QUIT ON OWN 2-CONTINUE TO LIST
1-YES 2-NO 8-DK 9-RF

A. 小冊子 (具體說明使用語言)

B. 向醫生或護士諮詢 (具體說明使用語言)

C. 中醫

D. 西醫

E. 熱線電話

G. 您使用其他方式嗎? (需注解)

q19
Would you like to stop smoking?

1. YES
2. NO
8. DK
9. RF

您想要戒烟吗？

1. 是

2. 否
8. DK
9. RF

您想要戒煙嗎?

1. 是

2. 否
8. DK
9. RF

q20
What best describes your intentions regarding quitting? Would you say you:

1. Are planning to quit in the next 30 days
2. Contemplating quitting in the next 6 months
3. May quit in the future, but not in the next 6 months
4. Never expect to quit
8. DK
9. RF

哪一种说法最贴切地说明了您的戒烟的打算？您会说 ……

1. 计划在今后 30 天内戒烟

2. 设想在今后 6 个月内戒烟

3. 可能在今后戒烟 ，但不是今后 6 个月内

4. 从未期望戒烟
8. DK
9. RF

哪一種說法最貼切地說明了您的戒煙的打算？您會說...

1. 計劃在今後 30 天內戒煙
2. 設想在今後 6 個月內戒煙
3. 可能在今後戒煙 ，但不是今後 6 個月內
4. 從未期望戒煙
8. DK
9. RF

q21
Did you see a doctor, nurse, or other health professional in the past 12 months?

1. YES
2. NO
8. DK
9. RF

在过去 12 个月里，您去看过医生护士或其他医疗人员吗？

1. 是
2. 否
8. DK
9. RF

在過去 12 個月裡，您去看過醫生,護士或其他醫療人員嗎？

1. 是
2. 否
8. DK
9. RF

q22
In the past 12 months did the doctor, nurse, or other health professional advise you to stop smoking?

1. YES
2. NO
8. DK
9. RF

在过去 12 个月里，您的医生,护士或其他医疗人员是否曾劝告您戒烟？

1. 是
2. 否
8. DK
9. RF

在過去 12 個月裡，您的醫生,護士或其他醫療人員是否曾勸告您戒煙？

1. 是

2. 否

8. DK
9. RF

q26
Now I would like to ask you some questions about your cigarette purchases. Are you worried about how much money you spend on cigarettes?

1. YES
2. NO
3. NEVER PURCHASE CIGARETTES
8. DK
9. RF

现在我要问您一些关于购买香烟的问题。

您担心您自己在香烟上的开支吗？

1. 是

2. 否

3. 从未购买过香烟

8. DK
9. RF

現在我要問您一些關于購買香煙的問題。

您擔心您自己在香煙上的開支嗎？

1. 是

2. 否

3. 從未購買過香煙

8. DK
9. RF

q29a-b
How much money do you usually pay for a pack of cigarettes?

1-TO ENTER AMOUNT OF MONEY
2-BUYS CARTONS ONLY
3-DOES NOT BUY PACKS OR CARTONS
8-DK 9-RF

q29a
2. (RECORD DOLLAR AMOUNT)

q29b
3. (RECORD CENTS AMOUNT)

通常您买一包烟付多少钱？

通常您買一包煙付多少錢？

q29c-d
How much money do you usually pay for a carton of cigarettes?

q29c
2. (RECORD DOLLAR AMOUNT)

q29d
3. (RECORD CENTS AMOUNT)

您通常付多少钱买一条香菸?

您通常付多少錢買一條香煙?

q30
The last time that you purchased cigarettes, did you take advantage of coupons, rebates, buy 1 get 1 free, 2 for 1 or any other special promotions?

1. YES
2. NO
8. DK
9. RF

您上次购买香烟时，利用优惠券、回扣、买一送一、买二付一或其它特别促销方式了吗？

1. 是
2. 否
8. DK
9. RF

您上次購買香煙時，利用優惠卷、回扣、買一送一、買二付一或其它特別促銷方式了嗎？

1. 是
2. 否
8. DK
9. RF

q32
Do you usually smoke:

1. Regulars
2. Lights
3. Menthols
8. DK
9. RF

您通常抽的烟是…

1. 普通烟,
2. 淡烟

3. 还是薄荷烟？
8. DK
9. RF

您通常抽的煙是...

1. 普通煙,
2. 淡煙
3. 還是薄荷煙？
8. DK
9. RF

q33
What brand do you usually smoke?
(DO NOT READ ALL OPTIONS)

您通常吸什么牌子的烟 ？
(不要读出所有选项)

您通常吸什麼牌子的煙 ？
(不要讀出所有選項)

1. 555
2. BENSON AND HEDGES
3. CAMEL
4. CARLTON
5. GENERIC
6. KENT
7. KOOL
8. MARLBORO
9. MERIT
10. MILD SEVEN
11. MORE
12. NEWPORT
13. PALL MALL
14. SALEM
15. VANTAGE
16. VIRGINIA SLIMS
17. WINSTON
18. 華人品牌(具體說明)
19. 其它(具體說明)
20. KOREAN BRANDS(具體說明)
77. DK
99. RF

Everyone

q35
Have you ever smoked a tobacco pipe?

1. YES
2. NO
8. DK
9. RF

您曾抽过烟斗吗？

1. 是
2. 否
8. DK
9. RF

您曾抽過煙斗嗎？

1. 是
2. 否
8. DK
9. RF

q35a
Do you smoke a tobacco pipe every day, some days, or not at all?

1. EVERY DAY
2. SOME DAYS
3. NOT AT ALL
8. DK
9. RF

您现在是每天、每隔几天还是根本不抽烟斗？

1. 每天
2. 一些天
3. 根本不
8. DK
9. RF

您現在是每天、每隔幾天還是根本不抽煙斗？

1. 每天
2. 一些天
3. 根本不
8. DK
9. RF

q36
Have you ever smoked a cigar, even just a few puffs?
(Cigar-large cigar, cigarillo, or small cigar)

1. YES
2. NO
8. DK
9. RF

您曾抽雪茄吗?既使只有抽过一点(雪茄包括细条雪茄,或小雪茄)？

1. 是
2. 否
8. DK
9. RF

您曾抽雪茄嗎?既使只有抽過一點(雪茄包括細條雪茄,或小雪茄)？

1. 是
2. 否
8. DK
9. RF

q36a
When was the last time you smoked a cigar?

1. Within the past month
2. Within the past 3 months
3. Within the past 6 months
4. Within the past year
5. Within the past 5 years
6. Within the past 15 years
7. More than 15 years ago
8. DK
9. RF

您上一次抽雪茄是什么时候?

1. 上个月当中
2. 前 3 个月当中
3. 前 6 个月当中
4. 前一年当中
5. 前 5 年当中
6. 前 15 年当中
7. 多於 15 年前
8. DK
9. RF

您上一次抽雪茄是什麼時候?

1. 上個月當中
2. 前 3 個月當中
3. 前 6 個月當中
4. 前一年當中
5. 前 5 年當中
6. 前 15 年當中
7. 多於 15 年前
8. DK
9. RF

q36b
In the past month did you smoke cigars everyday, several times a week, once per week, or less than once per week?

1. EVERY DAY
2. SEVERAL TIMES A WEEK
3. ONCE PER WEEK
4. LESS THAN ONCE PER WEEK
8. DK
9. RF

您现在每天抽雪茄,还是一个星期抽几天, 一个星期抽一次或是一个星期抽少於一次？

1. 每天抽
2. 一个星期抽几天
3. 一个星期抽一次
4. 一个星期抽少於一次
8. DK
9. RF

您現在每天抽雪茄,還是一個星期抽幾天, 一個星期抽一次或是一個星期抽少於一次？

1. 每天抽
2. 一個星期抽幾天
3. 一個星期抽一次
4. 一個星期抽少於一次
8. DK
9. RF

q37
Have you ever used chewing tobacco such as Redmann, Levi Garrett, or Beechnut?

1. YES
2. NO
8. DK
9. RF

您曾咀嚼烟草或吸鼻烟吗？

1. 是
2. 否
8. DK
9. RF

1. 예
2. 아니오
8. DK
9. RF

您曾咀嚼煙草或吸鼻煙嗎？

1. 是

2. 否
8. DK
9. RF

q37a
Do you now use chewing tobacco every day, some days, or not at all?

1. EVERY DAY
2. SOME DAYS
3. NOT AT ALL
8. DK
9. RF

您现在是每天、每隔几天还是根本不咀嚼烟草或吸鼻烟？

1. 每天
2. 一些天
3. 根本不
8. DK
9. RF

您現在是每天、每隔幾天還是根本不咀嚼煙草或吸鼻煙？

1. 每天
2. 一些天
3. 根本不
8. DK
9. RF

q38-q38a
Now I am going to ask you a few questions about your household. How many other household members currently smoke?

0. NONE 1. ENTER NUMBER
1-20 88-DK 99-RF

现在我要问您几个关于您的家庭的问题。
当前有多少其他家庭成员吸烟？

0. NONE 1. ENTER NUMBER
1-20 88-DK 99-RF

現在我要問您幾個關於您的家庭的問題。
當前有多少其他家庭成員吸煙？

0. NONE 1. ENTER NUMBER
1-20 88-DK 99-RF

q39

What are the smoking rules or restrictions in your household, if any? Would you say:

1. Smoking is completely prohibited
2. Smoking is generally banned for everyone with few exceptions
3. Smoking is allowed in some rooms only
4. There is no restriction on smoking
5. OTHER (SPECIFY)
8. DK
9. RF

在您家中，有哪些吸烟规则或限制（如果有的话）？您会说 ……

1. 完全禁止吸烟
2. 一般禁止所有人吸烟，很少有例外
3. 仅限于在某些房间吸烟
4. 没有任何限制
5. 其它 (具体说明)
8. DK
9. RF

在您家中，有哪些吸煙規則或限制（如果有的話）？您會說...

1. 完全禁止吸煙
2. 一般禁止所有人吸煙，很少有例外
3. 僅限于在某些房間吸煙
4. 沒有任何限制
5. 其它 (具體說明)
8. DK
9. RF

q39b
Does anyone ever smoke inside your home?

1. YES
2. NO
8. DK
9. RF

有人曾经在您家中吸烟吗？

1. 是
2. 否
8. DK
9. RF

有人曾經在您家中吸煙嗎？

1. 是
2. 否
8. DK
9. RF

Only those where q39 NE 1

q39c
What best describes your intentions regarding completely banning smoking in the household?

1. Never expect to ban
2. May ban in the future but not in the next 6 months
3. Will ban in the next 6 months
8. DK
9. RF

哪项最贴切地说明您在家中禁烟的打算？

1. 从未期待禁烟
2. 可能在未来禁烟，但不会在六个月以内
3. 将在六个月以内禁烟
8. DK
9. RF

哪項最貼切地說明您在家中禁煙的打算？

1. 從未期待禁煙
2. 可能在未來禁煙，但不會在六個月以內
3. 將在六個月以內禁煙
8. DK
9. RF

All

q39d
Who sets the smoking rules in the household?

1. MYSELF
2. MY PARTNER/SPOUSE
3. MY MOTHER
4. MY FATHER
5. MY GRANDMOTHER
6. MY GRANDFATHER
7. MY ROOMMATE
8. OTHER (SPECIFY)
77. DK
99. RF

在您家中，谁制订吸烟规则？

1. 我自己
2. 我的伴侣或同居男女朋友
3. 我母亲
4. 我父亲
5. 我(外)祖母
6. 我(外)祖父
7. 我室友
8. 其他 (具体说明)
77. DK
99. RF

在您家中，誰制訂吸煙規則？

1. 我自己
2. 我的伴侣或同居男女朋友
3. 我母親
4. 我父親
5. 我(外)祖母
6. 我(外)祖父
7. 我室友
8. 其他 (具體說明)
77. DK
99. RF

q40
Now I am going to ask you a few questions about your workplace. Do you currently work for money in an indoor setting, such as a office, plant or store, outside of your home?

1. YES
2. NO
8. DK
9. RF

现在我要问您几个关于您的工作场所问题。
您目前有在室內上班吗？如办公室、工厂或商店工作吗

1. 是
2. 否
8. DK
9. RF

現在我要問您幾個關於您的工作場所問題。

您目前有在室內上班嗎？如辦公室、工廠或商店工作嗎

1. 是
2. 否
8. DK
9. RF

For Respondents working outside of the home

q40a
What is the total number of employees at the building where you work? Is it:

1. Less than 5
2. 5 to less than 25
3. 25 to less than 50
4. More than 50
8. DK
9. RF

在您工作的地方，总共有多少员工 ？ 人数……

1. 少于 5 人
2. 5 人至 25 人
3. 25 人至 50 人
4. 多于 50 人
8. DK
9. RF

在您工作的地方，總共有多少員工 ？ 人數...

1. 少於 5 人
2. 5 人至 25 人
3. 25 人至 50 人
4. 多於 50 人
8. DK
9. RF

q40b
Is the building where you work completely smoke-free indoors?

1. YES
2. NO
8. DK
9. RF

您工作的地方是否完全禁烟？

1. 是

2. 否
8. DK
9. RF

您工作的地方是否完全禁煙？

1. 是
2. 否
8. DK
9. RF

q40c-c3
For each of the following indoor areas in your building, please indicate whether smoking is allowed in?

1-ALLOWED 2-NOT ALLOWED 8-DK 9-RF

q40c
Any indoor work areas?

q40c1
Special smoking room or lounge?

q40c2
Break room or cafeteria?

q40c3
Hallway or lobby?

在下列您工作的室內场所中，是否可以吸烟……

1- 可以 2-不可以 8-DK 9-RF

任何室内工作场所？
一个特殊的吸烟室？
一个休息室或食堂？
一个走廊或大厅？

在下列您工作的室內場所中，是否可以吸煙...

1-可以 2-不可以 8-DK 9-RF

任何室內工作場所？
個特殊的吸煙室？
個休息室或食堂？
個走廊或大廳？

q40da-db

Is smoking allowed outside the building….

1-ALLOWED 2-NOT ALLOWED 8-DK 9-RF

q40da
Close to entrances?

q40db
In special area on the property?

工作的地方外允许吸烟吗…

1-ALLOWED 2-NOT ALLOWED 8-DK 9-RF

靠近工作地方的入口处？
工作地方外的一个特殊的吸烟区？

工作的地方外允許吸煙嗎？

1-ALLOWED 2-NOT ALLOWED 8-DK 9-RF

靠近工作地方的入口處？
工作地方外的一個特殊的吸煙區？

q40e
During the past two weeks has anyone smoked in the area in which you work?

1. YES
2. NO
3. DID NOT WORK IN THE PAST TWO WEEKS
8. DK
9. RF

过去两周里，是否有人在您的工作场所吸烟？

1. 是
2. 否
3. 过去两周里没有上班
8. DK
9. RF

過去兩周裡，是否有人在您的工作場所吸煙？

1. 是
2. 否
3. 過去兩周裡沒有上班
8. DK
9. RF

Everyone

q41
Are you often exposed to other people's tobacco smoke at any other place besides your home and work place?

1. YES
2. NO
8. DK
9. RF

除了家中及工作场所，您经常去其它吸烟場所吗？

1. 是
2. 否
8. DK
9. RF

除了家中及工作場所，您經常去其它吸煙場所嗎？

1. 是
2. 否
8. DK
9. RF

q41a
At the last time this happened where were you?

1. RESTAURANT
2. RESTAURANT BAR
3. BAR OR TAVERN
4. POOL HALL
5. SHOPPING MALL
6. PUBLIC PARK/OUTDOORS
7. COMMUNITY EVENT
8. SPORTS EVENT
9. OTHER PERSON'S HOME
10. OTHER PERSON'S AUTOMOBILE
11. GAME ROOM/CASINO/BINGO HALL
12. OTHER--SPECIFY
88. DK
99. RF

上一次您去了哪一种吸菸场所？

1. 餐厅
2. 餐厅的酒吧
3. 酒吧或酒馆
4. 撞球间
5. 百货公司

6. 公园或室外
7. 交谈场所
8. 任何运动比赛场所
9. 别人的家中
10. 别人的车上
11. 遊戏室,賭场或宾果室
12. 其他(需註解)
88. DK
99. RF

上一次您去了哪一種吸煙場所？

1. 餐廳
2. 餐廳的酒吧
3. 酒吧或酒館
4. 撞球間
5. 百貨公司
6. 公園或室外
7. 交談場所
8. 任何運動比賽場所
9. 别人的家中
10. 别人的車上
11. 遊戲室,賭場或賓果室
12. 其他(需註解)
88. DK
99. RF

q42
The last time that you went to a bar, tavern, or night club-including those that are attached to restaurant, hotel, or card club-in California, was it smoke-free?

1. YES
2. NO
3. HAVE NOT BEEN IN A BAR, TAVERN, OR NIGHTCLUB
   IN THE PAST 12 MONTHS
8. DK
9. RF

上次您去加州的酒吧、酒馆或夜总会(包括附属餐馆、旅馆或俱乐部的酒吧)是禁烟区吗？

1. 是
2. 不是

3. 在过去 12 月中没有去过酒吧、酒馆或夜总会
8. DK
9. RF

上次您去加州的酒吧、酒館或夜總會
(包括附屬餐館、旅館或俱樂部的酒吧)是禁煙區嗎？

1. 是
2. 不是
3. 在過去 12 月中沒有去過酒吧、酒館或夜總會
8. DK
9. RF

q42b
What was the ethnic majority of the other customers in this place?

在这个地方的其他大部分顾客是什么种族？

在這個地方的其他大部分顧客是什麼種族？

1. CHINESE
2. KOREAN
3. OTHER - (SPECIFY)
8. DK
9. RF

q43a-b
In the past week, about how many minutes and hours were you exposed to other people's tobacco smoke in all environments?

(INTERVIEWER- ENTER 5 DIGITS- FIRST 3 ARE HOURS LAST 2 ARE MINUTES
EXAMPLE- 30 MINUTES- 000 30
12 HOURS AND 40 MINUTES- 012 40
120 HOURS AND 0 MINUTES- 120 00
DK- 888 88
RF- 999 99

q43a q43b
HOURS MINUTES

MINUTES AND HOURS
上一周，您在所有吸烟场所中一共待了多少小時？

MINUTES AND HOURS
上一周，您在所有吸煙場所中一共待了多少小時？

q44-44z
In a typical week, about how many hours do you watch [fill country] TV?

q44

1. (RECORD HOURS: 0-168)

q44z
2. (RECORD MINUTES: 0-59)

通常一周内您大约看几小时的中文电视 ？

1. (记录小时数: 0-168)
2. (RECORD MINUTES: 00-59)

通常一周內您大約看幾小時的中文電視 ？

1. (記錄小時數: 0-168)
2. (RECORD MINUTES: 00-59)

q44a-az
In a typical week, about how many hours do you watch American TV?

q44a
1. (RECORD HOURS: 0-168)

q44az
2. (RECORD MINUTES: 00-59)

888. DK
999. RF

通常一周内，您大约看几小时的美国电视 ？

1. (记录小时数: 0-168) @q44a
2. (RECORD MINUTES: 00-59) @q44az

通常一周內，您大約看幾小時的美國電視 ？

1. (記錄小時數: 0-168)
2. (RECORD MINUTES: 00-59)

q45-45z
In a typical week, about how many hours do you listen to [fill country] radio?

q45
1. (RECORD HOURS: 0-168)

q45z
2. (RECORD MINUTES: 00-59)

在通常一周内，您大约听几小时的中文电台？

1. (记录小时数: 0-168)
2. (RECORD MINUTES:00-59)

在通常一周內，您大約聽幾小時的中文電台？

1. (記錄小時數: 0-168)
2. (RECORD MINUTES:00-59)

q45a-az
In a typical week, about how many hours do you listen to American radio?

q45a
1. (RECORD HOURS: 0-168)

q45az
2. (RECORD MINUTES:00-59)

在通常一周内，您大约听几小时的美国电台？

1. (记录小时数: 0-168)
2. (RECORD MINUTES: 00-59)

在通常一周內，您大約聽幾小時的美國電台？

1. (記錄小時數: 0-168)
2. (RECORD MINUTES: 00-59)

q46
In a typical week, about how many hours do you read the [fill country] newspaper?

1. (RECORD HOURS: 0-168)
2. (RECORD MINUTES: 00-59)
888. DK
999. RF

在通常一周内，您大约读几小时的中文报纸？

1. (记录小时数: 0-168)
2. (RECORD MINUTES: 00-59)
888. DK
999. RF

在通常一周內，您大約讀幾小時的中文報紙？

1. (記錄小時數: 0-168)
2. (RECORD MINUTES: 00-59)
888. DK
999. RF

q46a-az
In a typical week, about how many hours do you read the American newspaper?

q46a
1. (RECORD HOURS: 0-168)

q46az
2. (RECORD HOURS: 00-59)

在通常一周内，您大约读几小时的美国报纸？

1. (记录小时数: 0-168)
2. (RECORD MINUTES: 00-59)

在通常一周內，您大約讀幾小時的美國報紙？

1. (記錄小時數: 0-168)
2. (RECORD MINUTES: 00-59)

q47a-47g
Within the last 30 days, have you seen or heard any anti-smoking messages on:

1-YES 2-NO 8-DK 9-RF

q47a
A. [fill country] TV

q47b
B. American TV

q47c
C. [fill country] radio

q47d
D. English radio

q47e
E. [fill country] newspaper

q47f
F. English newspaper

q47g
G. Anywhere else? (SPECIFY MEDIUM AND LANGUAGE)

最近 30 天内， 您是否曾在下列媒体上看到或听到任何反烟草的信息：
1-YES 2-NO 8-DK 9-RF

A. 中文电视

B. 美国电视

C. 中文电台

D. 英文电台

E. 中文报纸

F. 英文报纸

G. Anywhere else? (具体说明媒体和语言)

最近 30 天內， 您是否曾在下列媒體上看到或聽到任何反煙草的信息：
1-YES 2-NO 8-DK 9-RF

A. 中文電視

B. 美國電視

C. 中文電台

D. 英文電台

E. 中文報紙

F. 英文報紙

G. Anywhere else? (具體說明媒體和語言)

Current Smokers

q48
Now I am going to read you a few statements about smoking. Please tell me whether you strongly agree, slightly agree, slightly disagree, or strongly disagree.

My smoking is harming my own health.

1. STRONGLY AGREE
2. SLIGHTLY AGREE
3. SLIGHTLY DISAGREE
4. STRONGLY DISAGREE
8. DK
9. RF

现在我要给您读几个关于吸烟的说法。请告诉我您是非常同意、一点同意、

、一点不同意或非常不同意。

吸烟正在损害您自己的健康。

1. 非常同意

2. 一点同意

3. 一点不同意

4. 非常不同意

8. DK
9. RF

現在我要給您讀幾個關於吸煙的說法。請告訴我,您是非常同意、一點同意、

、一點不同意或非常不同意。

吸煙正在損害您自己的健康。

1. 非常同意

2. 一點同意
3. 一點不同意
4. 非常不同意
8. DK
9. RF

q49
I believe that I am addicted to cigarettes.

1. STRONGLY AGREE
2. SLIGHTLY AGREE
3. SLIGHTLY DISAGREE
4. STRONGLY DISAGREE
8. DK
9. RF

您相信您吸烟已上瘾。

1. 非常同意
2. 一点同意
3. 一点不同意
4. 非常不同意
8. DK
9. RF

您相信您吸煙已上癮。

1. 非常同意
2. 一點同意
3. 一點不同意
4. 非常不同意
8. DK
9. RF

q50
My family would prefer if I didn't smoke.

1. STRONGLY AGREE
2. SLIGHTLY AGREE
3. SLIGHTLY DISAGREE
4. STRONGLY DISAGREE
8. DK
9. RF

您的家人希望您不吸烟。

1. 非常同意
2. 一点同意

3. 一点不同意

4. 非常不同意
8. DK
9. RF

您的家人希望您不吸煙。

1. 非常同意

2. 一點同意

3. 一點不同意

4. 非常不同意
8. DK
9. RF

q51
My friends and colleagues would prefer that I didn't smoke.

1. STRONGLY AGREE
2. SLIGHTLY AGREE
3. SLIGHTLY DISAGREE
4. STRONGLY DISAGREE
8. DK
9. RF

您的朋友和同事都希望您不吸烟。

1. 非常同意

2. 一点同意

3. 一点不同意

4. 非常不同意
8. DK
9. RF

您的朋友和同事都希望您不吸煙。

1. 非常同意

2. 一點同意

3. 一點不同意

4. 非常不同意
8. DK
9. RF

Everyone

qsk
Now I am going to read you a few statements about smoking. Please tell me whether you strongly agree, slightly agree, slightly disagree, or strongly disagree.

The first one is…

1- CONTINUE

现在我要给您读几个关于吸烟的说法。请告诉我您是非常同意、一点同意、
、一点不同意或非常不同意。

The first one is…

1- CONTINUE

現在我要給您讀幾個關於吸煙的說法。請告訴我您是非常同意、一點同意、
、一點不同意或非常不同意。

1- CONTINUE

q52
Inhaling smoke from someone else's cigarette causes lung cancer in a nonsmoker.

1. STRONGLY AGREE
2. SLIGHTLY AGREE
3. SLIGHTLY DISAGREE
4. STRONGLY DISAGREE
8. DK
9. RF

非吸烟者从他人的香烟中吸入烟雾会引起肺癌。

1. 非常同意
2. 一点同意
3. 一点不同意
4. 非常不同意
8. DK
9. RF

非吸煙者從他人的香煙中吸入煙霧會引起肺癌。

1. 非常同意
2. 一點同意
3. 一點不同意
4. 非常不同意
8. DK
9. RF

q53
Inhaling smoke from someone else's cigarette harms the health of babies and children.

1. STRONGLY AGREE
2. SLIGHTLY AGREE
3. SLIGHTLY DISAGREE
4. STRONGLY DISAGREE
8. DK
9. RF

从他人的香烟中吸入烟雾损害婴儿和儿童的健康 。

1. 非常同意
2. 一点同意
3. 一点不同意
4. 非常不同意
8. DK
9. RF

從他人的香煙中吸入煙霧損害嬰兒和兒童的健康 。

1. 非常同意
2. 一點同意
3. 一點不同意
4. 非常不同意
8. DK
9. RF

q54
If a woman smokes when pregnant, it will harm the health of her baby.

1. STRONGLY AGREE
2. SLIGHTLY AGREE
3. SLIGHTLY DISAGREE
4. STRONGLY DISAGREE
8. DK
9. RF

孕妇吸烟对婴儿的健康有害 。

1. 非常同意
2. 一点同意
3. 一点不同意
4. 非常不同意
8. DK
9. RF

孕婦吸煙對嬰兒的健康有害 。

1. 非常同意
2. 一點同意
3. 一點不同意
4. 非常不同意
8. DK
9. RF

q55
I prefer to eat in restaurants that are smoke-free.

1. STRONGLY AGREE
2. SLIGHTLY AGREE
3. SLIGHTLY DISAGREE
4. STRONGLY DISAGREE
8. DK
9. RF

您倾向于在禁烟餐馆用餐。

1. 非常同意
2. 一点同意
3. 一点不同意
4. 非常不同意
8. DK
9. RF

您傾向於在禁煙餐館用餐。

1. 非常同意
2. 一點同意
3. 一點不同意
4. 非常不同意
8. DK
9. RF

q56
Tobacco advertising encourages young people to start smoking.

1. STRONGLY AGREE
2. SLIGHTLY AGREE
3. SLIGHTLY DISAGREE
4. STRONGLY DISAGREE
8. DK
9. RF

烟草广告鼓励年轻人开始吸烟。

1. 非常同意

2. 一点同意

3. 一点不同意

4. 非常不同意
8. DK
9. RF

煙草廣告鼓勵年輕人開始吸煙。

1. 非常同意

2. 一點同意

3. 一點不同意

4. 非常不同意
8. DK
9. RF

q57
Tobacco companies can lower the nicotine content of tobacco products.

1. STRONGLY AGREE
2. SLIGHTLY AGREE
3. SLIGHTLY DISAGREE
4. STRONGLY DISAGREE
8. DK
9. RF

烟草公司能够降低烟草产品的尼古丁含量。

1. 非常同意

2. 一点同意

3. 一点不同意

4. 非常不同意
8. DK
9. RF

煙草公司能夠降低煙草產品的尼古丁含量。

1. 非常同意

2. 一點同意

3. 一點不同意

4. 非常不同意
8. DK
9. RF

q58
Tobacco is not as addictive as other drugs such as heroin or cocaine.

1. STRONGLY AGREE
2. SLIGHTLY AGREE
3. SLIGHTLY DISAGREE
4. STRONGLY DISAGREE
8. DK
9. RF

烟草不像其它毒品那樣容易使人上癮? (如海洛因或可卡因)

1. 非常同意
2. 一点同意
3. 一点不同意
4. 非常不同意
8. DK
9. RF

煙草不像其它毒品那樣容易使人上癮? (如海洛因或可卡因)

1. 非常同意
2. 一點同意
3. 一點不同意
4. 非常不同意
8. DK
9. RF

q59
Smoking cigarettes is a symbol of independence.

1. STRONGLY AGREE
2. SLIGHTLY AGREE
3. SLIGHTLY DISAGREE
4. STRONGLY DISAGREE
8. DK
9. RF

吸烟是一种独立的象徵。

1. 非常同意
2. 一点同意
3. 一点不同意
4. 非常不同意
8. DK
9. RF

吸煙是一種獨立的象徵。

1. 非常同意
2. 一點同意
3. 一點不同意
4. 非常不同意
8. DK
9. RF

q60
Tobacco industry advertising at cultural and sporting events should be banned.

1. STRONGLY AGREE
2. SLIGHTLY AGREE
3. SLIGHTLY DISAGREE
4. STRONGLY DISAGREE
8. DK
9. RF

应在文化或体育活动中禁止烟草业广告。

1. 非常同意
2. 一点同意
3. 一点不同意
4. 非常不同意
8. DK
9. RF

應在文化或體育活動中禁止煙草業廣告。

1. 非常同意
2. 一點同意
3. 一點不同意
4. 非常不同意
8. DK
9. RF

q61
The production and sale of cigarettes should not be a legitimate business.

1. STRONGLY AGREE
2. SLIGHTLY AGREE
3. SLIGHTLY DISAGREE
4. STRONGLY DISAGREE
8. DK
9. RF

香烟的生产和销售不应該成为合法业务。

1. 非常同意
2. 一点同意

3. 一点不同意

4. 非常不同意

8. DK
9. RF

香煙的生產和銷售不應該成為合法業務。

1. 非常同意

2. 一點同意

3. 一點不同意

4. 非常不同意

8. DK
9. RF

q62
The tobacco industry spokespersons mislead the public when they say tobacco is not addictive.

1. STRONGLY AGREE
2. SLIGHTLY AGREE
3. SLIGHTLY DISAGREE
4. STRONGLY DISAGREE
8. DK
9. RF

烟草工司发言人说烟草不会使人上瘾是错误引导大众。

1. 非常同意

2. 一点同意

3. 一点不同意

4. 非常不同意

8. DK
9. RF

煙草工司發言人說煙草不會使人上癮是錯誤引導大眾。

1. 非常同意

2. 一點同意

3. 一點不同意

4. 非常不同意

8. DK
9. RF

q63
If a person smokes only five cigarettes per day, their chances of getting cancer from smoking are about the same as someone who never smokes.

1. STRONGLY AGREE

2. SLIGHTLY AGREE
3. SLIGHTLY DISAGREE
4. STRONGLY DISAGREE
8. DK
9. RF

一个人一天吸 5 根菸和一个从来不吸菸的人有一样的机率得到肺癌

1. 非常同意
2. 一点同意
3. 一点不同意
4. 非常不同意
8. DK
9. RF

一個人一天吸 5 支煙和一個從來不吸煙的人有一樣的機率得到肺癌

1. 非常同意
2. 一點同意
3. 一點不同意
4. 非常不同意
8. DK
9. RF

q64
Of all the cigarette advertisements you have seen, what is the name of the cigarette brand featured in the advertisement that attracts your attention the most?

在香菸的广告中,哪一种品牌的香烟广告最吸引您?

在香煙的廣告中,哪一種品牌的香煙廣告最吸引您?

1. BENSON AND HEDGES
2. CAMEL
3. CARLTON
4. GENERIC
5. KENT
6. KOOL
7. MARLBORO
8. MERIT
9. MORE
10. NEWPORT
11. PALL MAL
12. SALEM
13. VANTAGE
14. VIRGINIA SLIMS
15. WINSTON
16. OTHER (SPECIFY)
77. NO BRAND ATTRACTED ATTENTION
88. DK
99. RF

q65
How annoying do you find other people's smoking? Would you say not annoying at all, a little annoying, moderately annoying, very annoying, or extremely annoying?

1. NOT ANNOYING AT ALL
2. A LITTLE ANNOYING

3. MODERATELY ANNOYING
4. VERY ANNOYING
5. EXTREMELY ANNOYING
8. DK
9. RF

其他人吸烟对你的干扰程度有几多? 您会说不干扰,一点干扰,有时干扰,非常干扰,极度干扰

1. 不干扰
2. 一点干扰
3. 有時干扰
4. 非常干扰
5. 极度干扰
8. DK
9. RF

其他人吸煙對你的干擾程度有幾多? 您會說不干擾,一點干擾,有時干擾,非常干擾,極度干擾

1. 不干擾
2. 一點干擾
3. 有時干擾
4. 非常干擾
5. 極度干擾
8. DK
9. RF

q65a
In the past 12 months have you ever asked someone not to smoke?

在过去 12 月中,您是否曾阻止别人吸烟?

在過去 12 月中,您是否曾阻止別人吸煙?

1. YES
2. NO
8. DK
9. RF

q65b
On the most recent occasion you asked someone not to smoke, who was that person?

1. SPOUSE OR PARTNER
2. PARENT
3. CHILD
4. OTHER RELATIVE
5. FRIEND
6. CO-WORKER
7. OTHER KNOWN PERSON

8. STRANGER
88. DK
99. RF

谁是您最近阻止吸菸的人?

1. 伴侣或室友
2. 父母
3. 小孩
4. 其他亲戚
5. 朋友
6. 同事
7. 其他认识的人
8. 不认识的人
88. DK
99. RF

誰是您最近阻止吸煙的人?

1. 伴侶或室友
2. 父母
3. 小孩
4. 其他親戚
5. 朋友
6. 同事
7. 其他認識的人
8. 不認識的人
88. DK
99. RF

q66-66f
In your opinion, how well do you:

1-VERY WELL 2-PRETTY WELL 3-SO SO
4-NOT TOO WELL 5-NOT AT ALL 8-DK 9-RF

q66
1. Understand spoken English. Would you say very well, pretty well, so-so, not very well, or not at all?

q66a
2. Speak English?

q66b
3. Read English?

q66c
4. **Write English?**

q66d
5. Speak in [fill country]?

q66e
6. Write in [fill country]?

q66f
7. Read in [fill country]?

请在以下选项中选择您的程度 ……

1-很好 2-相當不錯 3-一般
4-不好 5-非常不好 8-DK 9-RF

1. 对英文口语的理解？Would you say very well, pretty well, so-so, not very well, or not at all?
2. 英文口语？
3. 英文阅读？
4. 英文写作？
5. 中文口语？
6. 中文写作？
7. 中文阅读？

請在以下選項中選擇您的程度...

1-很好 2-相當不錯 3-一般
4-不好 5-非常不好 8-DK 9-RF

1. 對英文口語的理解 Would you say very well, pretty well, so-so, not very well, or not at all??
2. 英文口語？
3. 英文閱讀？
4. 英文寫作？
5. 中文口語？
6. 中文寫作？
7. 中文閱讀？

q67-67b
What language do you usually use:

1-ONLY ENGLISH 2-MOSTLY ENGLISH 3-[fill country] AND ENGLISH EQUALLY
4-MOSTLY [fill country] 5-ONLY [fill country] 8-DK 9-RF

q67
1. With most of your friends? Only English, mostly English, [fill country] and English equally, mostly [fill country], or only [fill country]

q67a
2. With most of your neighbors?

q67b
3. At family gatherings such as birthdays or holidays?

在以下场合，通常您使用什么语言……

1-只限英文 2-大部分為英文 3-中英文同等使用
4- 大部分為中文 5-只限中文 8-DK 9-RF

1. 与您的大多数朋友交流？只限英文, 大部分為英文,
中英文同等使用, 大部分為中文, or
只限中文
2. 与您的大多数邻居交流？
3. 当家庭成员相聚时，如生日或节假日？

在以下場合，通常您使用什麼語言...

1-只限英文 2-大部分為英文 3-中英文同等使用
4- 大部分為中文 5-只限中文 8-DK 9-RF

1. 與您的大多數朋友交流？只限英文,大部分為英文
,中英文同等使用,大部分為中文,只限中文
2. 與您的大多數鄰居交流？
3. 當家庭成員相聚時，如生日或節假日？

q68-68c
In what language do you prefer:

1-ONLY ENGLISH 2-MOSTLY ENGLISH 3-[fill country] AND ENGLISH EQUALLY
4-MOSTLY [fill country] 5-ONLY [fill country] 8-DK 9-RF

q68
1. To read the newspaper? Only English, mostly English, [fill country] and English equally, mostly [fill country], or only [fill country]

q68a

2. To watch TV?

q68b
3. To listen to the radio?

q68c
4. To use the Internet?

您更倾向于用哪种语言……

1-只限英文 2-大部分為英文 3-中英文同等使用
4- 大部分為中文 5-只限中文 8-DK 9-RF

1. 读报纸？只限英文, 大部分為英文,
   中英文同等使用, 大部分為中文, or
   只限中文
2. 看电视？
3. 听电台？
4. 上互联网？

您更傾向於用哪種語言...

1-只限英文 2-大部分為英文 3-中英文同等使用
4- 大部分為中文 5-只限中文 8-DK 9-RF

1. 讀報紙？只限英文,大部分為英文,中英文同等使用
,大部分為中文, 只限中文
2. 看電視？
3. 聽電台？
4. 上互聯網？

q69
We often get health information from a variety of people. Some people give us a lot of health information, others only give us a little information. From whom do you get the MOST health information? (INTERVIEWER: ACCEPT ONE OPTION ONLY)

1. PHYSICIAN
2. NURSE
3. PARENT
4. OTHER RELATIVE
5. FRIEND
6. NEIGHBOR
7. MEDIA (SPECIFY)
8. OTHER (SPECIFY)
77. DK
99. RF

我们经常从各方人士那里获得健康信息。一些人给我们许多健康信息，
其他人仅给一点信息。您从谁那里获得大部分健康信息？
(访谈者： 仅选择一个选项。)

1. 医生
2. 护士
3. 父母
4. 其他亲属
5. 朋友
6. 邻居
7. 媒体 (具体说明)
8. 其他 (具体说明)
77. DK
99. RF

我們經常從各方人士那裡獲得健康信息。一些人給我們許多健康信息，
其他人僅給一點信息。您從誰那裡獲得大部分健康信息？
(訪談者： 僅選擇一個選項。)

1. 醫生
2. 護士
3. 父母
4. 其他親屬
5. 朋友
6. 鄰居
7. 媒體 (具體說明)
8. 其他 (具體說明)
77. DK
99. RF

q70
In what way would you PREFER to receive information regarding your health?
(INTERVIER: ACCEPT ONE OPTION ONLY)

1. INFORMATION BROCHURES
2. ONE-ON-ONE WITH PROVIDER OR HEALTH EDUCATOR
3. GROUP SETTING
4. VIDEO TAPE
5. TELEPHONE
6. TELEVISION
7. RADIO
8. BILLBOARDS
9. INTERNET
10. OTHER (SPECIFY)
77. DK

99. RF

您更倾向于以什么方式收到有关您的健康的信息？
(访谈者：仅选择一个选项。)

1. 宣传小册子
2. 与提供者或健康教育者 1 对 1
3. 集体环境下
4. 录相带
5. 电话
6. 电视
7. 电台
8. 广告板
9. 互联网
10. 其它 (具体说明)
77. DK
99. RF

您更傾向於以什麼方式收到有關您的健康的信息？
(訪談者：僅選擇一個選項。)

1. 宣傳小冊子
2. 與提供者或健康教育者 1 對 1
3. 集體環境下
4. 錄相帶
5. 電話
6. 電視
7. 電台
8. 廣告板
9. 互聯網
10. 其它 (具體說明)
77. DK
99. RF

q70a
In what language would you prefer the information be given?

您更倾向于以什么语言收到信息？

您更傾向於以什麼語言收到信息？

1. MANDARIN(PUTONGHUA)
2. CANTONESE

3. TOYSHAN
4. ENGLISH
5. KOREAN
6. OTHER(SPECIFY)
8. DK
9. RF

q80
Where do you usually go when you are sick or need advice about your health?

1. WESTERN DOCTOR'S OFFICE
2. OTHER PROVIDER'S OFFICE/HOME, INCLUDING TRADITIONAL HEALER OR PROVIDER
3. COMMUNITY CLINIC OR HEALTH CENTER
4. HOSPITAL CLINIC
5. HOSPITAL EMERGENCY ROOM
6. SOME OTHER PLACE (SPECIFY)
7. NO SINGLE PLACE
8. NO, I DON'T GET SICK OR NEED HEALTH ADVICE
9. I DON'T SEEK HEALTH ADVICE
77. DK
99. RF

您生病或需要健康咨询时通常去何处？

1. 西医诊所
2. 中醫診所包括其他传统治疗者
3. 社区诊所或健康中心
4. 医院诊所
5. 医院急诊室
6. 某些其它场所 (具体说明)
7. 并非一个场所
8. 不, 我不生病或不需要健康咨询
9. 我不寻求健康咨询
77. DK
99. RF

您生病或需要健康咨詢時通常去何處？

1. 西醫診所
2. 中醫診所包括其他傳統治療者
3. 社區診所或健康中心
4. 醫院診所
5. 醫院急診室
6. 某些其它場所 (具體說明)
7. 並非一個場所

8. 不, 我不生病或不需要健康咨詢

9. 我不尋求健康咨詢

77. DK
99. RF

q71
Now I am going to ask you a few questions about yourself. What year were you born?

1900-2003 (RECORD YEAR)
8888. DK
9999. RF

现在我要问您几个关于您自己的问题。

出生年份？

1900-2003 (记录年份)
8888. DK
9999. RF

現在我要問您幾個關於您自己的問題。

出生年份？

1900-2003 (記錄年份)
8888. DK
9999. RF

q72
What year did you come to the United States?

到美国来的年份？

到美國來的年份？

1900-2003 (RECORD YEAR)
8888. DK
9999. RF

q73
Are you:

1. Married
2. Divorced
3. Widowed
4. Separated
5. Never Married
6. Member of an unmarried couple
8. DK
9. RF

您是……

1. 已婚
2. 離婚
3. 寡居
4. 分居
5. 从未结婚或
6. 同居
8. DK
9. RF

您是...

1. 已婚
2. 離婚
3. 寡居
4. 分居
5. 從未結婚或
6. 同居
8. DK
9. RF

q74
In which country did you receive your highest level of education?

1. MAINLAND CHINA
2. HONG KONG
3. KOREA
4. UNITED STATES
5. OTHER ASIAN COUNTY (SPECIFY)
6. OTHER COUNTRY (SPECIFY)
8. DK
9. RF

您在哪个国家接受了最高教育？

1. 中国
2. 香港
3. 韩国
4. 美国
5. 其他亚洲国家 (具体说明)
6. 其他国家 (具体说明}
8. DK
9. RF

您在哪個國家接受了最高教育？

1. 中國
2. 香港
3. 韓國
4. 美國
5. 其他亞洲國家 (具體說明)
6. 其他國家 {具體說明}
8. DK
9. RF

q75
What is the highest level of education that you have completed?

1. NO FORMAL EDUCATION
2. SOME ELEMENTARY SCHOOL
3. COMPLETED ELEMENTARY SCHOOL
4. COMPLETED MIDDLE SCHOOL
5. SOME HIGH SCHOOL
6. HIGH SCHOOL GRADUATE
7. SOME COLLEGE
8. COLLEGE GRADUATE
9. GRADUATE OR PROFESSIONAL SCHOOL
10. OTHER (SPECIFY)
88. DK
99. RF

什么是您已完成的最高教育水平？

1. 无正式教育
2. 小学毕业
3. 初中毕业
4. 高中毕业
5. 大学毕业
6. 研究生院或专业培训学院
7. 其它 (具体说明)
8. DK
9. RF

什麼是您已完成的最高教育水平？

1. 無正式教育
2. 小學畢業
3. 初中畢業
4. 高中畢業
5. 大學畢業

6. 研究生院或專業培訓學院
7. 其它 (具體說明)
8. DK
9. RF

q77
Do you have more than one telephone number in your household? Do not include cell phones or numbers that are used by a computer or a fax machine.

1. YES
2. NO
8. DK
9. RF

在您家中是否有一个以上的电话号码？不包括手机或电脑或传真机的号码。

1. 是
2. 否
8. DK
9. RF

在您家中是否有一個以上的電話號碼？不包括手機或電腦或傳真機號碼。

1. 是
2. 否
8. DK
9. RF

q78
How many of these are residential numbers?

在这些号码中，有多少是住宅号码？

在這些號碼中，有多少是住宅號碼？

1-20 (ENTER NUMBER)
88. DK
99. RF

q79a-d
What kind of health insurance or health care coverage do you have? Do you have…

q79a
A. **No Insurance Coverage**
   1-PERSON HAS INSURANCE
   2-PERSON DOES NOT HAVE INSURANCE

1-PERSON HAS THIS TYPE OF INSURANCE
2-PERSON DOES NOT HAVE
8-DK 9-RF

q79b
B. Medicaid/Medi-Cal

q79c
C. Medicare

q79d
D. Private Insurance (Employer Insurance, Self-Pay, Etc.)

您有什么类型的健康保险? Do you have…

A. 没保险@
   1-PERSON HAS INSURANCE
   2-PERSON DOES NOT HAVE INSURANCE

1-PERSON HAS THIS TYPE OF INSURANCE
2-PERSON DOES NOT HAVE
8-DK 9-RF

B. Medicaid/Medi-Cal
C. Medicare
D. 私人保险(员工保险, 自付保险等.)

您有什麼類型的健康保險?

A. 沒保險
   1-PERSON HAS INSURANCE
   2-PERSON DOES NOT HAVE INSURANCE

1-PERSON HAS THIS TYPE OF INSURANCE
2-PERSON DOES NOT HAVE
8-DK 9-RF

B. Medicaid/Medi-Cal
C. Medicare
D. 私人保險(員工保險, 自付保險等.)

q76
Including yourself, how many people do you share income with?

包括您自己在内，您与多少人分享收入？

包括您自己在內，您與多少人分享收入？

1-70 (RECORD NUMBER)
88. DK
99. RF

q76b
Which of the following categories best describes your annual household income from all sources?

1. Less than $10,000
2. $10,000 to less than $15,000
3. $15,000 to less than $20,000
4. $20,000 to less than $25,000
5. $25,000 to less than $35,000
6. $35,000 to less than $50,000
7. $50,000 to less than $75,000
8. $75,000 to $100,000
9. Over $100,000
88. DK
99. RF

在以下选择中哪一个选择符合您全家一年的总收入？

1. $10,000 以下
2. $10,000 到 $15,000
3. $15,000 到$20,000
4. $20,000 到 $25,000
5. $25,000 到$35,000
6. $35,000 到 $50,000
7. $50,000 到 $75,000
8. $75,000 到 $100,000
9. $100,000 以上
88. DK
99. RF

在以下選擇中哪一個選擇符合您全家一年的總收入？

1. $10,000 以下
2. $10,000 到 $15,000
3. $15,000 到 $20,000
4. $20,000 到 $25,000
5. $25,000 到 $35,000
6. $35,000 到 $50,000
7. $50,000 到 $75,000
8. $75,000 到 $100,000
9. $100,000 以上
88. DK
99. RF

q81
That finishes the questions I wanted to ask you. Do you have any questions or comments that you would like to add?

1. (RECORD AS GIVEN)

2. NO COMMENT

我的问题已结束。您有什么疑问或补充意见？

1. (记录实际资料)
2. NO COMMENT

我的問題已結束。您有什麼問或補充意見？

1. (記錄實際資料)
2. NO COMMENT

thanks
Thank you very much for your time and participation.

非常感谢您抽出时间参加调查。

非常感謝您抽出時間參加調查。
INTERVIEWER ENTER SEX OF RESPONDENT

1. MALE
2. FEMALE

California Department of Health Services
Tobacco Control Section